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VOLUME 63 NUMBER 1
JANUARY 1983

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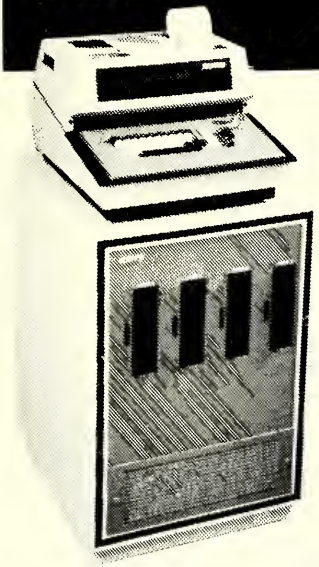

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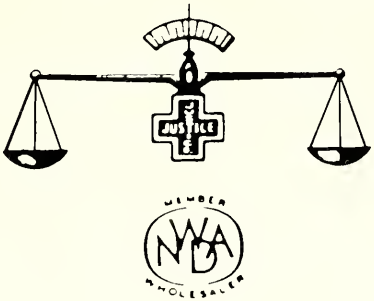

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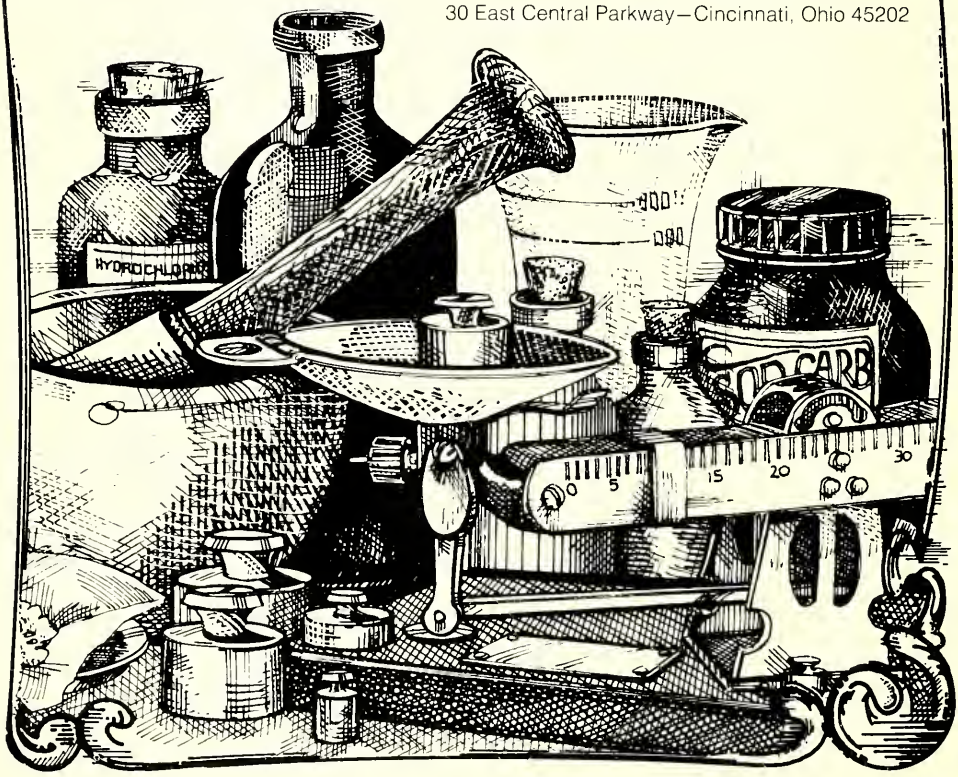

THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

JANUARY 1983 VOLUME 63 NUMBER 1

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January, 1983

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

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And reminiscing about the summer of '82.

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REVISED RULES FOR LICENSING NURSING HOMES

Division of Facility Services, DHR
Pharmaceutical Services Section
(10 NCAC 3H)

Section 10 NCAC 3H .0900; PHARMACEUTICAL SERVICES; has been adopted and reads as follows:

.0903 *AVAILABILITY OF PHARMACEUTICAL SERVICES*

(a) A licensed facility shall provide pharmaceutical services under the supervision of a pharmacist currently licensed to practice pharmacy in North Carolina.

(b) A facility shall be responsible for obtaining drugs, therapeutic nutrients and related products prescribed or ordered by a physician for patients or residents in the facility.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0904 *PHARMACEUTICAL SERVICES PROVIDED THROUGH OTHER MEANS*

If pharmaceutical services are provided through means other than by an employee of the facility, there shall be a written agreement between the facility and the pharmacist which shall include the following:

(1) a statement of the responsibilities of each party;
(2) assurance that the pharmacist's services shall include documented on-site pharmaceutical reviews accomplished at least every 31 calendar days for all patients and residents;
(3) a requirement for the pharmacist to submit to the administrator and the patient's attending physician written reports of any discrepancies in drug accountability or administration.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0905 *ADMINISTRATIVE RESPONSIBILITIES*

(a) The administrator shall maintain reports of discrepancies in drug accountability or drug administration submitted by the pharmacist and shall make these reports available for the director of nursing and the department's representative(s) for licensure inspection(s).

(b) The administrator shall provide documentation of action taken relative to discrepancies identified by the pharmacist which shall be available for licensure inspections.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0906 *PHARMACEUTICAL SERVICES COMMITTEE*

(a) The administrator shall appoint a pharmaceutical services committee which shall be composed of at least the pharmacist and designated representatives of administration, nursing and physician services.

(b) A pharmaceutical services committee shall:

(1) establish items and quantities for emergency drug kit(s);
(2) meet at least annually and more often as change in conditions may dictate for reviewing pharmaceutical services. There shall be written documentation of these reviews including dates, attendance, business discussed, action taken, and other relevant matters. These minutes shall be available in the facility for at least two years;
(3) develop and/or approve and annually revise pharmaceutical policies and procedures;
(4) approve staff inservice training designed to improve staff skills and/or correct identified problems; and
(5) approve non-legend drugs maintained in the facility and a written formulary for same.

(c) The pharmacist shall be a member of the pharmaceutical services committee and shall participate in drug utilization review and report to the committee at least annually on the status of the facility's pharmaceutical services and staff performance.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0907 *DRUG PROCUREMENT*

(a) Nursing homes shall not be permitted to possess a stock of prescription legend drugs for general or common use except as permitted by the North Carolina Board of Pharmacy and as follows:

(1) for all intravenous and irrigation solutions in single unit quantities ex-

(continued next page)

Nursing Home Rules (cont.)

ceeding 49 ml. and related equipment for the use and administration of such;
(2) diagnostic agents;
(3) vaccines;
(4) drugs designated for inclusion in an approved emergency kit;
(5) water for injection; and
(6) normal saline for injection.

(b) Patient Drugs
(1) The contents of all prescriptions shall be kept in the original container bearing the original label as described in (b) (2) of this Rule.
(2) Except in unit dose systems, each individual patient's or resident's prescription or legend drugs shall be labeled with the following information:
(A) the name of the patient for whom the drug is intended;
(B) the most recent date of issue;
(C) the name of the prescriber;
(D) the name, concentration of the drug, quantity dispensed, and prescription serial number;
(E) a statement of generic equivalency which shall be indicated if a brand other than the brand prescribed is dispensed;
(F) the expiration date and other auxiliary statements as required of the drug;
(G) the name, address and telephone number of the dispensing pharmacy; and
(H) the name of the dispensing pharmacist.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0908 *DRUG STORAGE*

(a) Except for emergency drug kits and properly secured medication carts, all prescription or legend drugs shall be stored in a locked room or locked wall cabinets except when the drugs are under the immediate, direct physical supervision of a licensed nurse or pharmacist. Non-legend or non-prescription drugs shall be stored in an area which is locked when not in use and accessible only by authorized individuals.

(b) Emergency drug kit(s) shall be stored in a reasonably secure area out of the sight of patients and the general public.

(c) Drugs requiring refrigeration shall be stored in a refrigerator, containing a thermometer, capable of maintaining a temperature range of 2°C. to 8°C. (36°F. to 46°F.). Drugs shall not be stored in a refrigerator containing non-drugs and non-drug related items, except when stored in a separate locked container.

(d) Drugs intended for topical use shall be stored in a designated area separate from drugs intended for oral and injectable use.

(e) The pharmacist shall remove outdated and deteriorated drugs from the facility within 30 days after their period of effectiveness has lapsed.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0909 *PHARMACEUTICAL RECORDS*

The pharmacist shall assure that accurate records of the receipt, use and/or other disposition of drugs are maintained and readily available.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0910 *EMERGENCY DRUGS*

(a) The facility shall maintain a supply of emergency drugs.

(b) Emergency drugs shall be stored in a portable container sealed with an easily breakable closure which cannot be resealed and shall be readily accessible for use.

(c) All emergency drugs and quantity to be maintained shall be approved by the pharmaceutical services committee.

(d) If emergency drug items require refrigerated storage, they shall be stored in a separate sealed container within the medication refrigerator. The container shall be labeled to indicate the emergency status of the enclosed drug(s) and sealed as indicated in (b) of this Rule.

(e) An accurate inventory of emergency drugs and supplies shall be maintained with each emergency drug kit.

(f) The pharmacist shall personally examine the refrigerated and non-refrigerated emergency drug supply at least every 90 days and make any necessary changes at that time.

(g) The facility shall have written

(continued next page)

policies and procedures which are enforced to assure that in the event the sealed emergency drug container is opened and contents utilized, immediate steps are taken to replace the items used.

(h) The availability of a controlled substance in an emergency drug kit shall be in compliance with current state and federal laws.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

.0911 *DRUG DISPOSITION*

(a) Upon discharge of a patient or resident, the remainder of his drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply may be held for not more than 30 calendar days after the date of discharge.

(b) The disposition of drugs shall be in accordance with written policies and procedures established by the pharmaceutical services committee.

(c) Accurate records of drug destruction shall be maintained and authenticated by the pharmacist and director of nursing.

(d) Controlled substances shall be destroyed in accordance with provisions of the North Carolina Controlled Substances Act, G.S. 90, Article 5.

History Note: Statutory Authority G.S. 130-9(e); Eff. March 1, 1983.

THE BOUNCING CHECK ALL BAD OR SALVAGEABLE?

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LILLY DIGEST PARTICIPATION CAN BE PROFITABLE

It's that time of year again! The Lilly Analysis Service is "gearing up" for another publication of the *Lilly Digest.* Pharmacists have said that the *Lilly Digest* is regarded as the most comprehensive yearly study of independent community pharmacies in the United States. How it came to be so well regarded is a thought to be explored for a moment.

It all started 50 years ago, when our country and businesses in general were struggling and the outlook was rather dismal. Mr. Eli Lilly, a pharmacist and then President of Eli Lilly and Company, was concerned about the plight confronting retail pharmacists. He consulted with a colleague at the Philadelphia College of Pharmacy and Science. The result was a tool to help pharmacists more effectively manage their businesses—the *Lilly Digest* was born. Throughout the depression, World War II, and the economic swings that followed, the *Lilly Digest* continued to be published. Now, a half century later, it is larger and more complex, in keeping with the expanding nature of the profession it reflects. However, the primary objective of the *Lilly Digest* remains unchanged—to assist community pharmacy owners in the management of their businesses.

Throughout the years, many changes have occurred in retail pharmacy practice and have been reflected in the pages of the *Lilly Digest.* The emergence of larger pharmacies, the dramatic growth of sales volume, the remarkable and lasting strength of the prescription department, the virtual elimination of fountains, and the dominance of open shelving are but a few of the major shifts that have occurred during the past five decades. Yet, the objective set forth 50 years ago for the first *Lilly Digest* still applies today—its use as a comparative reference by drugstore owner/managers to improve profitability. A quote from the 1932 *Lilly Digest* embodies this idea: "It points out the common weakness of drugstore management and offers solutions to some of the many perplexing problems that baffle endeavors to do business at a profit." The *Lilly Digest* was then and is now a cross section of the independent retail pharmacies in the United States, free from bias or selfish motive.

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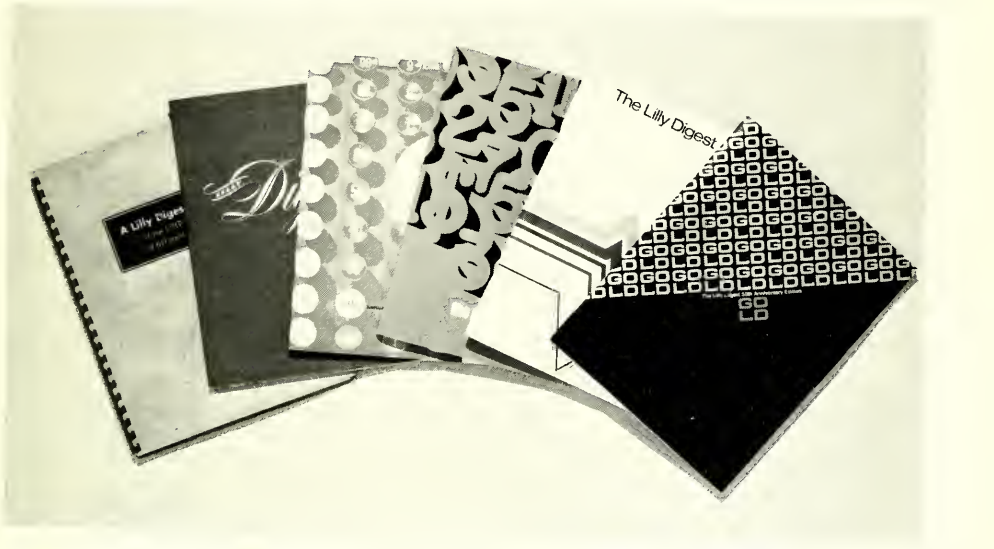
One question you may have is: Why should I send in my numbers? The answer is straightforward—the *Lilly Digest* needs your assistance. It is pharmacists such as you, who contribute their operating data, that make the *Digest* such a valuable tool. Your response *is* important! And, the data you supply remain strictly confidential. Many of your associates have said that the analysis report, which every participant receives free of charge, is an invaluable guide for future planning, better decision making, and improved profitability. Incidentally, the free personal analysis you receive contains a point-by-point evaluation of your store's operation with some helpful suggestions for improving your pharmacy's performance. And, it doesn't cost you a thing!

How can you get involved and be a contributor and receive your individualized analysis report? Well, in most cases it takes about ten minutes! All you need do is place inside the *Lilly Digest* participation form you will be receiving in the mail in early February a copy of your accountant's figures or your tax return (IRS form No. 11205S) and complete the prescription summary section and the pharmacy information section (they are essentially check-off questions). Then, return your data in the business reply envelope provided. It's easy! Remember your operating figures *are* important. In return, the Lilly Analysis Service will send your personal analysis report within 30 days. Your accountant's data and/or your tax return will be returned to you with your analysis report.

If you do not have an accountant who collects your financial information, you can still receive an individualized analysis of your store's operation by filling out the entire *Lilly Digest* participation form and returning it in the envelope provided. It takes a little longer, but we feel you will find the analysis report you receive worth the effort.

Yes, what emerged from an idea 50 years ago has evolved into a publication that serves the pharmacy profession as an effective management decision-making tool. The practice of pharmacy and the *Lilly Digest* have expanded to meet the growing needs of the public and professionals. The pharmacist's continued participation in serving the health care needs of Americans is a certainty, and the availability of the *Lilly Digest* as a resource for the business management needs of the practicing pharmacist has been and will continue to be our goal.

So—please take the time to complete and return your *Lilly Digest* participation form. We think you will agree that the time it takes is well spent.



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BOARD OF PHARMACY ELECTIONS

Nominations for the North Carolina Board of Pharmacy seat from District 4, which is made up of Granville, Vance, Warren, Franklin, Wake, Durham, Wilson, Nash, Edgecombe, Halifax, Northampton, Hertford, Gates, Bertie, Camden, Martin, Perquimans, Pasquotank, Currituck, Washington, Tyrrell, Hyde and Dare counties, are due in the office of the Board before March 10.

Nomination may be made by petition of ten (10) pharmacists residing in the district and mailed or delivered to the Board office. All pharmacists licensed in the state and residing in the state as of March 15 shall be eligible to vote and will be mailed ballots in April. The completed ballots must be returned to the Board office by May 15. The current member of the Board representing District 4 is William R. Adams, Jr., Wilson.

THE NORTH CAROLINA BOARD OF PHARMACY

Seated, left to right: James A. Way, Winston-Salem; W. Whitaker Moose, Mt. Pleasant; William H. Randall, Lillington. Standing: Joseph B. Roberts, III, Gastonia; William R. Adams, Wilson; Harold V. Day, Spruce Pine.

BOARD OF PHARMACY STAFF

David R. Work—North Carolina Board of Pharmacy Executive Director

Carol Smith—Board Stenographer, handles reciprocity applications and Board minutes.

Standing—Gail Brantley, Accountant, handles Internship forms. Seated—Rachel Paris—Receptionist/Secretary, handles new permits and transfers of ownership.

Betty Yandle—Data Systems Operator, handles examination applications.

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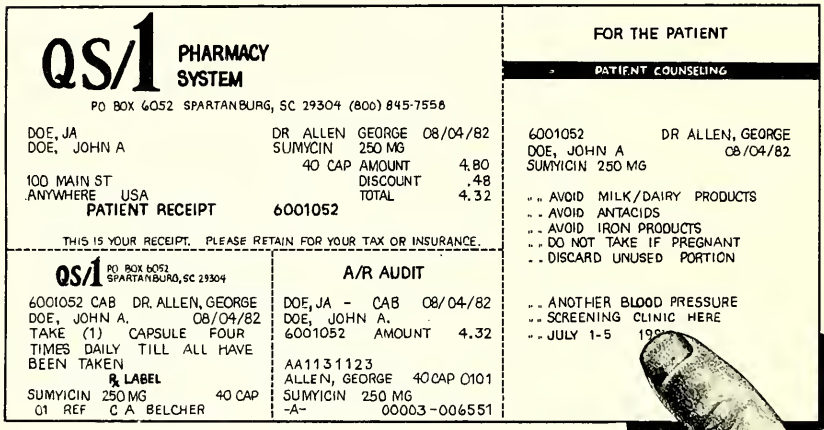

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A PERSPECTIVE ON STEP I ANTIHYPERTENSIVE THERAPIES

A. Wayne Pittman, M.S.
Assistant Professor of Pharmacy
Clinical Assistant Professor of Medicine and
Clinical Pharmacist for the Hypertension Clinic
The Division of Pharmacy Practice
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A national effort of the last decade to identify and bring millions of hypertensive Americans under adequate treatment has paralleled a decrease in cardiovascular disease related deaths. Though it would be satisfying to claim this as a victory for our efforts in controlling high blood pressure, simultaneous reductions in cholesterol intake and cigarette smoking have also occurred. While we reassess the upper limits of "normal" blood pressure and question the need and value of treatment for the millions of individuals who have mild hypertension (those with diastolic blood pressures ranging from 90 to 104 mm Hg), we are also scrutinizing Step I antihypertensive therapy. Diuretics have most commonly been suggested as initial therapy, although beta-adrenoceptor blockade has its advocates. Yet, as effective as diuretics may be, their relative safety for the millions who receive them is under question and as a result, recommendations for Step I therapy could be eventually modified.

Beta-adrenoceptor blockade

Unintentionally but fortuitously, the hypotensive effect of β-adrenoceptor blocking drugs was observed during a trial of pronethalol for angina pectoris performed in 1962. Two years later these results were reported[1] and in the same year Prichard and Gillam[2] were first to report on the use of propranolol in hypertension. Although this finding was little recognized for almost ten years, what has ensued is a rapid ascension of β-adrenoceptor blocking agents to the forefront of antihypertensive therapy. We now have six beta-blockers available in the United States and likely more will be approved. Some are non-specific, some cardioselective, others can be given once daily and some are partial agonists. Soon we may have single agents capable of blocking alpha as well as beta adrenergic receptors.

Almost from the start, there have been staunch advocates of the relative merit of beta-blockade as a pharmacologically precise tool in the treatment of hypertension.[3,4] The tenet is that subsets of the population of patients with essential hypertension can be identified using their plasma renin activity (PRA). Twenty-five to thirty percent of patients with essential hypertension may be classified as having "low" PRA, 50-60% may be "normal" and 10-15% have "high" PRA. When the renin-angiotensin-aldosterone system is functioning normally, however, PRA should be reduced to compensate for elevated blood pressures. Thus, "normal" and "high" PRA groups are said to be renin-dependent forms of essential hypertension. Propranolol, other beta-adrenoceptor blocking agents, and several other antihypertensives reduce PRA and thus seem to oppose the "abnormal" elevation of PRA seen in the majority of hypertensive patients. Diuretics on the other hand, as this

(continued next page)

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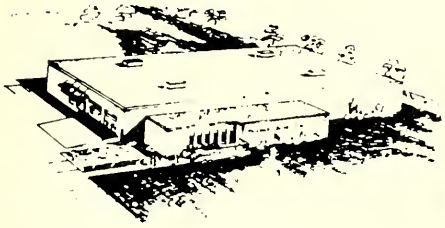

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Antihypertensive Therapies (cont.)

pharmacologic approach is logically extended, are better indicated in the "low" renin group, wherein expanded plasma volume is said to be etiologic. Interestingly, diuretics, even though effective in lowering blood pressure, elevate plasma renin activity.

Although seemingly logical, this classification and pharmacologic design has not been ratified by all other investigators. In our own work[5], for example, we saw that though we had similar portions of our patients in each PRA class, there were only minor differences in their hypotensive responses to propranolol and chlorthalidone. Our low renin patients demonstrated a 6.2 ± 12.4 mm Hg and 14.7 ± 17.9 mm Hg reduction in mean arterial pressure with propranolol and chlorthalidone respectively, while the normal renin group had blood pressure reductions of 6.9 ± 10.6 and 14.1 ± 10.5 mm Hg, respectively. It also appears that suppression of PRA is not the major factor responsible for propranolol pressure lowering effects. Bravo, Tarazi and Dustan[6] found in 20 patients with essential hypertension and with hyper-reninemia from long-term diuretic therapy that propranolol did not restore PRA to normal in 15, although blood pressure was further reduced. It also appears that there is inconsistency in the PRA group into which patients are classified from one period of study to the next. We have recently completed reclassification of many of our original patients after almost 7 years.[7] Many individual patients were seen to change from "low" to "normal" and vice versa without identifiable cause. If this can be generalized to a larger population of patients with essential hypertension, it would appear that selection of pharmacologic agents based upon PRA is not reproducible.

PRA classification is expensive and must be carefully performed to produce reliable results. Normotensive controls matched for age, race and sex are necessary to establish a normal range of values for PRA under similar conditions of study. For these and reasons above, PRA classification has not achieved a universal acceptance. Recommendations which are widely accepted for initial pharmacologic therapy for essential hypertension have evolved by a time tested and successful approach to treatment. The Joint National Committee recommendations for a "stepped-care" treatment plan have created, in effect, a standard approach to drug therapy for hypertensive patients.[8]

Diuretics

Diuretics won their place in the therapy of hypertension two decades ago as their remarkable effectiveness was identified. At the time, chlorothiazide and later hydrochlorothiazide, furosemide and more, 1) eliminated the necessity for drastic sodium restriction, 2) proved effective in lowering blood pressure when used alone and 3) potentiated then available therapies, allowing dosage reductions and corresponding reductions in adverse effects. The Veterans' Administration Cooperative trials[9,10,11] further documented the efficacy of diuretics used alone as well as in combination with reserpine and hydralazine. These were landmark studies showing the benefit of treatment in reducing the morbidity and mortality associated with hypertensive cardiovascular disease.

If diuretics won their place in the treatment of hypertension two decades ago, they have further proven their safety and efficacy in the ensuing years—until now. Recent data[12] from the Multiple Risk Factor Intervention Trial (MRFIT) have cast an ominous shadow over the indiscriminate use of diuretics. The media[13,14] have accentuated an interesting observation among the data and thrust it to the forefront. The MRFIT data indicate that for the group of men studied who had baseline electrocardiographic abnormalities, there were 15 more deaths from coronary heart disease among those in the "special intervention" group compared to those entered in their "usual care" group. This trend was not true of men without electrocardiographic abnormalities. "The implications of these surprising findings are so major as to demand caution, since the results fly in the face of current medical dogma and practice."[15] Specific drug regimens of those in the special intervention group are not provided and final analysis of the data and possible explanations are not yet available. However, one factor realized in the MRFIT methodology was the use among the special intervention subjects of doses of chlorthalidone or hydrochlorothiazide up to 100 mg daily. When this potential effect was realized, doses were lowered during the actual conduct of the trial where possible. Diuretics, particularly, are being implicated as contributing to this increased mortality because of their effects on serum potassium. Therefore, alternative therapies for Step I now are being suggested, such as beta-blockers and calcium antagonists among others.

Diuretic induced hypokalemia results as the renal tubular excretion of potassium rises under the influence of thiazide and "thiazide-like" saluretics. This may be accentuated by rising aldosterone concentrations, the result of natriuretic produced reductions in circulating blood volume. Aldosterone accelerates the absorption of sodium in the distal segments of the renal tubule at the expense of potassium, as a one for one exchange occurs. The frequency with which hypokalemia results when diuretics are used as antihypertensives varies, but it is reported to be as high as 50%. The average serum potassium is reduced reproducibly in well controlled clinical trials of thiazide diuretics as antihypertensives. (If this were not the case it would surely be cause for suspicion.) The incidence of *clinically significant* hypokalemia is considerably lower, perhaps 10-25%, when defined as a serum potassium below 3.0-3.2 mEq/L or the presence of symptoms which could be associated with lower serum potassium, such as fatigue, muscle weakness, muscle cramp, numbness or paresthesias.

Is supplemental potassium chloride thus needed or is it safe? Millions of hypertensive patients presently are advised to eat bananas, drink orange juice, and/or take potassium salts or expensive potassium-sparing diuretics. Much of this is well meaning, traditional practice or the accomplishment of a variety of advertising approaches. As indicated earlier the incidence of serious hypokalemia is low. Combined with the insensitivity that serum potassium has as a measure of total body potassium, one is led to the conclusion that supplementation is useful in a portion of diuretic treated patients but certainly not all. The individual patient who becomes hypokalemic generally cannot be repleted by dietary increases in foods rich in potassium and requires supplemental therapy. Patients simultaneously receiving digitalis glycosides are at some greater risk should hypokalemia occur. "Low" potassium serum concentrations must be defined more strictly in these patients; thus supplementation is usually begun at serum potassium concentrations $\leq$ 3.5 mEq/L.

(Continued next Page)

Antihypertensive Therapies (cont.)

Reports in the medical literature indicate potassium depletion may decrease the threshold for fatal ventricular arrhythmias. The results of the MRFIT trial may be explained by diuretic related hypokalemia. Harrington and colleagues[16] have recently reviewed the significance of hypokalemia and the need for potassium supplementation, focusing on the arrhythmogenic potential of hypokalemia. They conclude from a review of 17 published reports that errors in the study design of most can bring about to their respective conclusions. Further, the authors feel there is no evidence that fatal vertricular ectopic activity results from hypokalemia alone, that evidence for potassium depletion decreasing the threshold for malignant arrhythmias in acute myocardial infarction is inconclusive and that malignant arrhythmias secondary to hypokalemia have been adequately documented only in digitalized patients.

Holland, et al.[17] have shown, to the contrary, that among 21 patients with mild essential hypertension, a serum potassium below 3.5 mEq/L during previous diuretic treatment and less than 6 unifocal premature ventricular beats/hour (i.e., normal) during 24-hour continuous ambulatory monitoring, treatment with 100 mg per day of hydrochlorothiazide for 4 weeks resulted in ventricular ectopic activity in 7 and multifocal beats, couplets or ventricular tachycardia, in 4. Potassium repletion using spironolactone reversed the ectopic activity. Such activity however was more likely to occur when potassium levels were below 3.0 mEq/L.

If it were evident that hypokalemia increase the risk of arrhythmia, is this of clinical significance in all patients receiving diuretics? Should prophylactic supplemental potassium therapy be initiated in all these people? Hyperkalemia in itself presents a risk and can be fatal. Certain groups of patients are particularly susceptible to this problem, e.g., those with renal insufficiency. Supplements, potassium-sparing diuretics, converting enzyme inhibitors and salt substitutes can contribute to the development of hyperkalemia in such individuals.

Until such time as more conclusive evidence is available, it appears that routine prescription of potassium supplementation or use of potassium-sparing diuretics is not warranted. If digitalis also is prescribed, use of supplements and potassium-sparing diuretics is prudent to prevent hypokalemia. Although dietary potassium enrichment can be useful, if renal function is normal, the extra calories in potassium rich foods may be counter-productive. However, potassium chloride containing salt substitutes may be helpful. Perhaps better, pharmacists and physicians can underscore the importance of sodium restriction. Not only is this excellent advice for the hypertensive patient to aid in blood pressure control, but it can prove to be excellent in limiting diuretic induced hypokalemia. Ram, Garrett and Kaplan[18] have demonstrated that not only was blood pressure control better, but total body exchangeable potassium was reduced significantly less when patients taking chlorthalidone, hydrochlorothiazide or furosemide consumed a diet containing less than 100 mEq of sodium versus one providing 150 mEq or more. We routinely instruct our patients to alter their salt intake to achieve a diet containing 60 to 100 mEq of sodium. This often requires substantial change of lifestyle and we frequently fail. However, regular reinforcement of this component of antihypertensive therapy is without doubt an excellent contribution that we all can make to our patients' care.

Last, diuretic dosage used for reduction of arterial pressure can be re-evaluated and many times reduced, minimizing the hypokalemic potential. The thiazide diuretics have a relatively flat dose-response relationship in lowering blood pressure. Evidence is sufficient[19] to recommend that daily doses of chlorthalidone not exceed 50 mg, and that 25 mg become the usual adult dose. Comparable doses of hydrochlorothiazide are suggested, starting at 25 mg daily and increasing to 50 mg, seldom to 100 mg daily. Higher doses of thiazides do not significantly increase the blood pressure lowering effect but do increase the likelihood of significant hypokalemia.

Thus it is that diuretics are coming under close scrutiny as the first line of antihypertensive therapy. Questions are being directed to the relative safety of such widely prescribed drugs. Alternative Step I therapies, primarily beta-adrenoceptor blocking agents, are being touted. Certainly, similar efficacy[20] can be obtained with beta-

blockers, and hypokalemia does not occur. Is this controversy sufficient, and is it supported by adequate evidence to contradict the experience of twenty years of diuretic use in the management of hypertension? Time and well controlled clinical trials may lead to alternative treatments, but diuretics will continue to be recommended, if not at Step I, surely at Step II realizing the potentiation that occurs when diuretics are used in conjunction with other antihypertensives.

Acknowledgement

The author wishes to thank Professor Stephen M. Caiola for his assistance in reviewing this manuscript.

References available from the author, A. Wayne Pittman, M.S., UNC School of Pharmacy, Chapel Hill 27514.

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, December 14th, 1982 at the Cosmos Steak House for an eleven thirty luncheon. The meeting was called to order by acting President, Mrs. C. H. Smith. Mrs. Leslie Barnhardt gave the devotional. After a delightful lunch, the Ways and Means Committee Chairman, Mrs. W. Don Smith reported that four hundred sixty four dollars and twenty five cents was made on the Bazaar held at the November meeting. Mrs. Leslie Davis reported that one hundred thirty five dollars was made on the poinsettias sold at the December meeting.

It was announced that Mrs. Leslie Davis would take over the presidency in January. After the business meeting, the speaker Rev. Steward Smith, pastor of Independence Hill Baptist Church, was introduced by Mrs. Davis. He gave a wonderful Christmas message. The members exchanged Christmas gifts and the meeting was adjourned.

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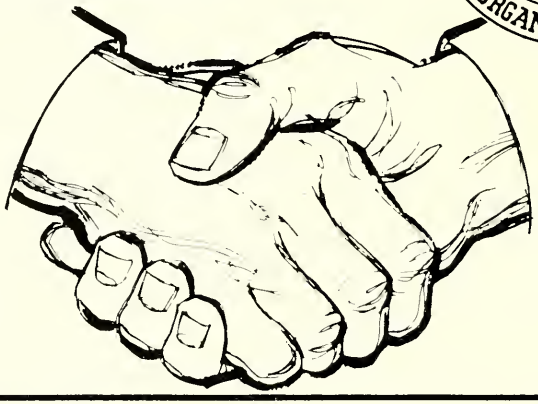

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PIANTADOSI BECOMES MEDICINAL CHEMISTRY CHAIRMAN

Professor Claude Piantadosi, Division of Medicinal Chemistry and Natural Products, has been recently named chairman of that division, a position he also held from 1970-1975. Dr. Piantadosi, who is a native of Naples, Italy and grew up in New Jersey, received a B.S. in Pharmacy from Brooklyn College, M.S. in Organic Chemistry from Columbia University, and Ph.D. in Biochemistry (1956) from the University of North Carolina at Chapel Hill. He is the author or co-author of more than 100 scientific publications. A member of the faculty at UNC since 1957, he has taught Physical Pharmacy (in the days prior to the Division of Pharmaceutics), Medicinal Chemistry, and Biochemistry in the School of Pharmacy. In addition, he has supervised 10 postdoctoral candidates, 25 doctoral candidates, and 25 candidates for the Master's degree. His area of research is in lipid biochemistry and synthetic medicinal chemistry.

Dr. Piantadosi is a member of Rho Chi and Sigma Xi and is listed in *American Men of Science*, in *Outstanding Educators of America*, and in *Personalities of the South*. He also was selected as a Fellow of the American Pharmaceutical Association's Academy of Sciences (1975) and received the Coker Award for best Ph.D. dissertation at UNC (1955). He has also been elected to join the American Society of Biological Chemists and the American Society for Pharmacology and Experimental Therapeutics.

Since 1963, Dr. Piantadosi has held a joint appointment with the Department of Biochemistry in the UNC School of Medicine. In 1964 he travelled to Tennessee where he received training in isotopes with the Oak Ridge Institute of Nuclear Studies. He now serves as a consultant to that organization, which has been renamed the Oak Ridge Associated Universities.

Although his teaching and research responsibilities take most of his time, Dr. Piantadosi shares a number of hobbies with his whole family. These include many watersports (sailing and scuba diving) as well as chess and golf. His more quiet moments are spent enjoying his violin which he has played since childhood.

Dr. Claude Piantadosi, new Chairman of the Division of Medicinal Chemistry.

FACULTY NOTES

DR. REX BROWN, Clinical Assistant Professor in the Division of Pharmacy Practice, recently published an article entitled "Total Parenteral Nutrition-Induced Liver Dysfunction: A Review", *Nutritional Support Services,* 2:14-16 September 1982. He also gave a speech on "Drug-Nutrient Interactions with Enteral Feeding" in Salisbury on November 17 at the Veterans Administration Hospitals of North Carolina.

DR. HUGH BURFORD, Associate Professor in Pharmacology-Basic Sciences, presented a seminar on "Diagnostic Testing of Pharmacology Content" at the Department of Pharmacology, University of Florida on November 22-23. While in Gainesville, DR. BURFORD also consulted on a research proposal.

MR. FRED ECKEL, Professor and Chairman of the Division of Pharmacy Practice, gave a speech on "Stress and the Pharmacist" to the Chicago Chapter, Illinois Pharmacist Association on October 6 and to the Middle Tennessee Society of Hospital Pharmacists in Nashville on October 21.

DR. JEAN PAUL GAGNON, Professor and Chairman of the Division of Pharmacy Administration, presented a paper entitled "MAC Program Status Report: Highlights of Recent Research Studies" to the Pharmaceutical Marketing Research Group (PMRG) in Williamsburg, Virginia on October 28-29.

MS. LONI GARCIA, Resident in the Division of Pharmacy Practice, presented a Continuing Education program to the Wilmington AHEC on October 25 and to the Mountain AHEC in Asheville on October 21. The program was entitled "The Pharmacist and Professional Burnout."

DR. K. H. LEE, Professor in the Division of Medicinal Chemistry gave a lecture entitled "Novel Plant Antitumor Agents and Their Structure-Activity Relationships to Bristol Laboratories a Division of Bristol-Myers Company in Syracuse, New York on November 1. He also presented a paper "Antitumor Agents: New Antileukemic Triterpenes from *Maytenus Diversifolia"* at the 33rd National Meeting of the APhA Academy of Pharmaceutical Sciences in San Diego, California on November 14-18. DR. LEE has also published several articles: "(+)-Arctigenin, A New Lignan, from *Wikstroemia indica," Phytochemistry,* 1119-1120 (1982). (along with H. Suzuki, M. Haruna, T. Iida, K. Ito and H. C. Huang); "The Effects of Daphnoretin on Nucleic Acid and Protein Synthesis of Ehrlich Ascites Tumor Cells," *J. Pharm. Sci.* 71:741-44 (1982). (along with I. H. HALL, Associate Professor in the Division of Medicinal Chemistry, and K. Tagahara); "Antitumor Agents 54. The Effects of Daphnoretin on *In Vitro* Protein Synthesis of Ehrlich Ascites Carcinoma Cells and Other Tissues," *J. Pharm. Sci.,* 71: 745-49 (1982). (along with Y. E. Liou and I. H. HALL); "Antitumor Agents 60. Maytansine, An Antileukemic Principle from *Maytenus diversifolia," J. Nat. Prod.* 45:509-10 (1982). (along with H. Nozaki, I. H. HALL, R. Kasai, T. Hirayama, H. Suzuki and R. Y. Wu.); and "Antitumor Agents 61. Structure and Stereochemistry of Maytenfolic Acid and Maytenfoliol, Two New Antileukemic Triterpenes from *Maytenus diversifolia:* X-Ray Crystal Structures," *J. Chem. Soc.-Chem. Comm.,* 1948-51 (1982). (along with H. Nozaki, H. Suzuki, and A. T. McPhail)

DR. JOHN HENRY PFIFFERLING, Clinical Associate Professor in the Division of Pharmacy Practice recently published two articles: "Helping the Impaired Physician," *Malpractice Digest,* October 1982 and "Medicalization and Physician Socialization," In, *The Use and Abuse of Medicine,* (eds. DeVries, Berg, and Lipkin). Praeger 1982. DR. PFIFFERLING also served as Office of Student Relations Keynote Speaker at the American Association of Medical Colleges in Washington, D. C. on November 4-5. The title of his paper was "Recapturing the Joy of Medicine."

JEFFERSON R. SURLES, Graduate Student, and DR. CLAUDE PIANTADOSI, Professor in the Division of Medicinal Chemistry presented a paper entitled "Further SAR Studies on Platelet-Activating Factor (PAF)" at the 17th Annual Southeastern Regional Lipid Conference which was held in Cashiers, North Carolina on October 27-29. The purpose of these studies is to find a structure analog which can cause hypotension without the potential for anaphylaxis.

(continued on page 28)

Tom S. Miya, Dean of the UNC School of Pharmacy, receives a check for $12,500 from the Merck Foundation. The check was the second and final payment on a two year grant of $25,000 to support the study and development of the Division of Pharmacy Practice. Presenting the check are Nat Gist, Merck's district Manager, left, and Tommy Temple, Executive Professional Representative of Merck in the Research Triangle Park area.

FACULTY NOTES (cont.)

DR. JAMES SWARBRICK, Professor and Chairman of the Division of Pharmaceutics, presented three papers to the Academy of Pharmaceutical Sciences National Meeting in San Diego, California on November 14-18. The papers were entitled: "Drug Permeation through Human Skin III: Effect of pH on the Partitioning Behavior of Chromone-2Carboxylic Acid" (joint with G. Lee and G. Kiyohara); "Vehicle Influence on Ocular Bioavailability of Sodium Cromoglycate in the Albino Rabbit" (joint with V. Lee, M. Redell, and D. Yang); "Disposition of Topically Applied Sodium Cromoglycate in the Albino Rabbit Eye" (joint with V. Lee, R. Stratford, and K. Morimoto). DR. SWARBRICK also served on an Advisory Panel at the Pharmaceutical Manufacturers Association Foundation in Washington, D. C. on October 20-21. The panel met to select awardees for starter grants to new faculty in pharmacology, clinical pharmacology, toxicology, and pharmaceutics. These grant proposals are submitted on a national basis. The panel also meets later in the year to make Faculty Development Awards in these same areas.

DR. CLAUDE PIANTADOSI, Division of Medicinal Chemistry spoke on the "Role of Biochemistry in Drug Design," for the Department of Chemistry, Appalachian State University, on November 12.

GEORGE COCOLAS, Associate Dean and Professor in the Division of Medicinal Chemistry and Natural Products visited the University of Arizona's School of Pharmacy as part of the American Council on Pharmaceutical Education Accreditation Team in Tucson, Arizona on February 14-17.

BETTY DENNIS, Assistant Professor in the Division of Pharmacy Practice was elected to the Board of Directors on the North Carolina Society of Hospital Pharmacists and was also appointed the Chairperson of the Protection of Human Subjects Committee for the Family Health International in Research Triangle Park.

B. W. HADZIJA, Associate Professor in the Division of Pharmaceutics, was initiated as Associate Member of Kappa Epsilon.

ABRAHAM HARTZEMA, Assistant Professor in the Division of Pharmacy Administration, co-authored the article "Personality Traits and Theophylline Metabolism," in *Biopharmaceutics and Drug Disposition,* 3:311-16, (1982).

TOM MIYA, Dean of the School of Pharmacy, served as Chairman of the Science Program Committee at the International Congress on Toxicology III in Washington D. C. on January 27. He also served on the Burroughs Wellcome Fund Advisory Committee on the Toxicology Scholar Award on January 31.

THE EMERGING ROLE OF THE COMPUTER IN PHARMACY PRACTICE

by Jeff Musler 3/5

The following article is the second in this year's series of papers selected for publication in Script from papers written by 3/5 students in Pharmacy 21, Drugs, the Pharmacist, and the Health Care System. Opinions expressed in the papers are by no means selected as an official stance of the School of Pharmacy.

Mrs. Smith scurries into Service Drugstore with her freshly received prescription. After handing it to the pharmacist, she walks to the lunch counter for a cup of coffee and pastry, expecting the wait to be wearisome. Less than two minutes later, bewildered Mrs. Smith leaves Service's with prescription in hand, not knowing that the pharmacist had installed a sophisticated computer system in the pharmacy. The pharmacist just winks and thinks about the many advantages of a computer aid.

Computers, by simultaneously performing many tasks, greatly decrease the average time it takes a pharmacist to fill a prescription. The computer can instantly scan the medical records of the patient for allergies and possible drug interactions. A number is assigned to the prescription, the label is typed, including an auxiliary label, if needed, and a receipt is released. Price changes and any third party billing have already been completed. Finally the computer releases a copy for the pharmacist's files. In a matter of moments the prescription is filled. This enables the pharmacist to spend more time counseling patients on the proper use of the drug, either by itself or in combination with other substances. This health care service is more important now than ever due to the increased amount of information concerning the therapeutic use of new and old medications.

The pharmacist, virtually alone among health care professionals in the community, has existing work skills and patterns which are readily adaptable to computerization; he can type and can thus cope more easily with keyboard-based computer terminals, his routine prescription filling sequence is logical and orderly, and he is accustomed to dealing with administrative and financial details of business. Also, he encounters considerable difficulties in maintaining medication records efficiently by manual means. It is the combination of these factors which has led to the implantation of computer systems in the pharmacy.

A typical system uses the cathode ray tube terminal (CRT), a television-like computer terminal, and a printer. The pharmacist enters prescription information into the CRT, the computer updates the profile and checks the new prescription for the clinical problems described earlier, and the label is printed on the printer. In addition, such systems can also perform administrative functions such as billing, inventory control, the payroll, and control of scheduled substances. For the businessman-pharmacist, the computer can access the economic development of your business to determine personal costs and profits.

With the emergence of the computer, there has come the necessity of properly training pharmacists on how to use such systems. At the University of South Carolina all fifth year students of the College of Pharmacy receive at least one month of clinical exposure to a

(continued next page)

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Computers (cont,)

computer-based pharmacy record system. These students are challenged to consider clinical information about allergies, overlap, interaction, and patient education which is presented by the computer. Then they are trained to communicate this information both to the patient and physician. Clearly such systems will bring the pharmacist and physician into a closer relationship in the pharmaceutical management of the patient.

Since we are now living in the "computer age" it is safe to assume that computer systems will be operating in most pharmacies within the next five to ten years, and a person with the capital to purchase a pharmacy computer is on the way to having a more efficient and productive service for himself and for the patients; however, it is very important that prospective buyers examine the many different systems in order to find one that can be updated and will meet their individual needs. Far too often, pharmacists are stuck with a complex and expensive piece of hardware that cannot be modified to suit their needs. Nevertheless, once a suitable computer has been found and the pharmacist properly trained on how to use it, the direction of business, service, and profit can only be upward. Computers help the pharmacist to fill more prescriptions in a certain time interval, save money on bookkeeping, and provide a better service to the community.

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MANY THANK-YOU'S

Did you know that for the time it takes to fill out a little card and mail it in, you may be able to help a pharmacy student attend school? Well, it's true, and the Burroughs Wellcome Pharmacy Education Fund makes it possible.

Each year Burroughs Wellcome holds a drawing in which all registered pharmacists in the U. S. and Puerto Rico may participate. Entry forms are sent out in mid-summer to registered pharmacists in communities, hospitals, and medical centers nationwide. In the fall, three winners are chosen from each state. Each winner receives $1,000, of which he may give $500 to the national pharmaceutical association of his choice, and $500 to the pharmacy school of his choice, to be earmarked for furthering the education of pharmacy students.

Many thank-you's should go to BW for providing this opportunity and to the three pharmacists who made their $500 awards available to students of our School. These pharmacists are: EMIL L. CEKADA (Class of '62) who practices with the Alaska Native Health Service, Anchorage, Alaska; JACQUELINE T. HARRELL (Class of '79) who practices with Eckerd Idlewild in Charlotte, N. C.; and ALEXANDER W. CLELLAND, JR. (Class of '52) Bordeaux Drug Co. in Fayetteville, N. C.

The three awards were sent to the Pharmacy Student Revolving Loan Fund, which is available to UNC-CH pharmacy students only, and is administered through the North Carolina Pharmaceutical Association.

So the next time you see the entry form, take the time to fill it out. You may be able to help a student through school.

Weddings

Miss Margaret Page Chenoweth of Roanoke Rapids and Gilbert Julian Watson, Jr. of Raleigh were united in marriage Sept. 11 at Good News Baptist Church in Roanoke Rapids. Rev. Frank B. Petty of Glasgow, VA performed the nuptial rites. The bride is a graduate of the UNC School of Pharmacy (1978) and is employed with Rite Aid Discount Pharmacies, Inc. The bridegroom is a graduate of Halifax Community College and is employed as an electronics technician with Day Associates, Inc. in Raleigh while also attending NC State University. The couple reside in Raleigh.

Mary Annette Rountree of Harrellsville and *Monte Carroll Thompson* of Ahoskie were united in marriage October 3. Officiating at the lawn ceremony at the home of the bride's parents was the Rev. Michael Hill, pastor of Harrellsville Baptist Church. The bride holds a B.S. degree in nursing from the University of North Carolina at Chapel Hill and is employed at Roanoke-Chowan Hospital. The bridegroom earned a B.S. degree from the UNC School of Pharmacy (1981) and is also employed at Roanoke-Chowan Hospital.

Miss Sonja Lynn Girard and Walter Credle White, Jr. were married July 21 at Clemmons Moravian Church. The Rev. Burton Rights officiated at the ceremony. The bride is a graduate of the School of Pharmacy of the University of North Carolina at Chapel Hill (1981) and is a registered pharmacist. The groom received his B.A. degree in philosophy from UNC at Chapel Hill and is attending law school there. The couple make their home in Raleigh.

Miss Carol Anise Kubel and *John Lee Hinson, Jr.* exchanged their wedding vows on September 4 in the Black Jack Grove Free Will Baptist Church. The Rev. Dennis Pollock was the officiating minister. The bride received her Associate degree in Accounting from Wayne Community College. The groom is a 1982 graduate of the University of North Carolina at Chapel Hill of Pharmacy and is employed at Cherry Hospital. The couple reside in Goldsboro.

DEATHS

ALFRED GENE SMITH

Alfred Gene Smith, Bladen County pharmacist, died at his home in White Lake Friday morning, December 10. He was 47 years old. Smith was associated with Smith's Drug Store in Elizabethtown and the Medicine Shoppes of Elizabethtown and Bladenboro. He was active in community life, serving as chairman of the Bladen County Social Services Board at the time of his death. He was a former member of the Elizabethtown town board and the Bladen County Hospital Board of Trustees. He had served as a member of the NC Pharmaceutical Association Executive Committee, and was a 1958 graduate of the UNC School of Pharmacy.

HOWARD MARION LOGAN

Howard M. Logan, Blowing Rock, was fatally shot in the chest Friday evening, December 10, just as he was planning to leave work at Carolina Pharmacy in Boone. Logan was found by police behind the prescription desk, the telephone in his hand. R. A. Aldridge, Boone, has been arrested and charged with the murder. Logan had worked at the pharmacy for nine years and was a native of Indiana. He was a 1948 graduate of Purdue University and served in the U. S. Navy during World War II. He was 64 years old.

ARCHIBALD WILLIAM PALMER

A. W. Palmer, Sanford, former owner of the Acme Drug Store, died December 8, 1982. He was 81 years old. Palmer was a 1924 graduate of the UNC School of Pharmacy and received his 50+ pin in 1974 from a former employee, NCPhA officer Eugene W. Hackney.

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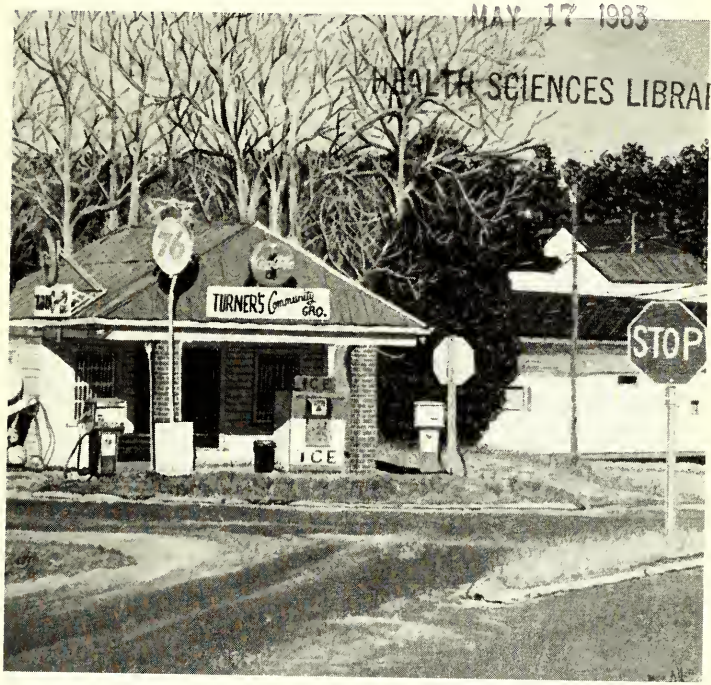

urner's store." A painting by Pharmacist Bob Allen.

ALEIGH PHARMACIST WINS ART AWARD

of Pharmaceutical Services with the Department of Human Resources, Health, Mental Retardation and Substance Abuse, won the 1982 State arolina Scene" Award for his painting "Turner's Store." This is the first s received this professional category award.

ural Wake County, has been painting seriously for only a year. He works nd ink and his painting and drawings are primarily of local scenes with

urner's Store," is now available in a limited edition of five hundred ed prints. The prints are full color on museum-quality paper, image size white border. The price is $19.95 plus $3.00 postage and handling, from int, c/o Bob Allen, 11920 Appaloosa Run East, Raleigh, NC 27612. You 9) 847-3043. (Editor's note: the photograph is of the PAINTING, not the

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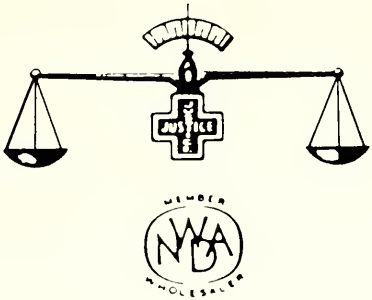

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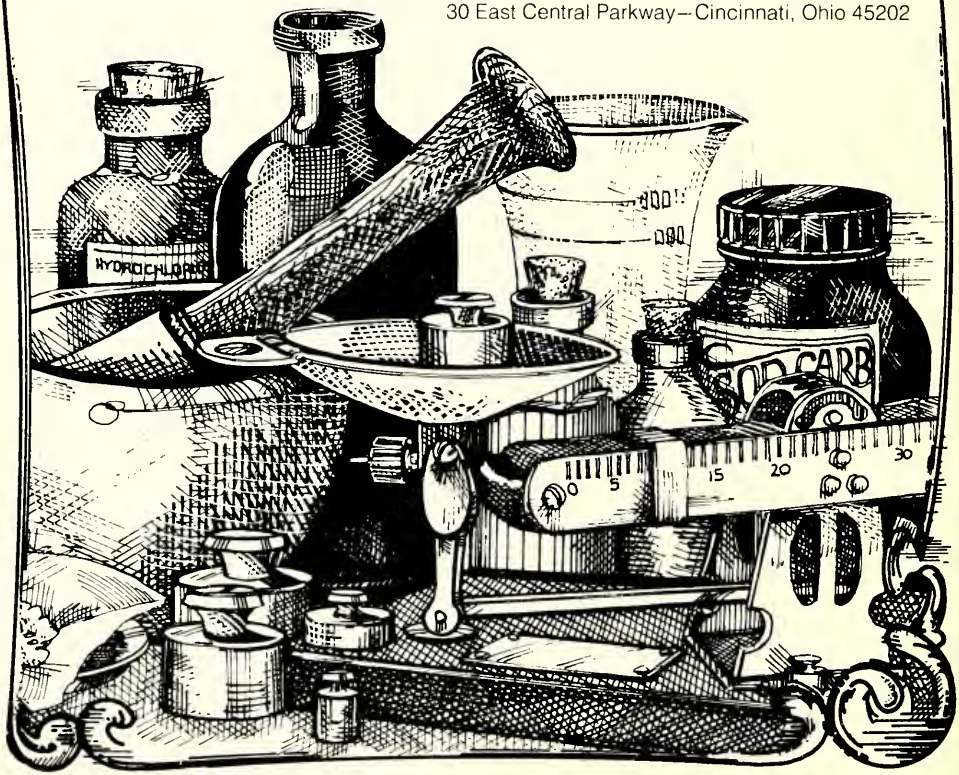

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FEBRUARY 1983 VOLUME 63 NUMBER 2

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FACTS ABOUT INDEPENDENT COMMUNITY PHARMACY OPERATIONS BASED ON LILLY DIGEST DATA

Lilly Digest Description

- In 1982, a total of 1750 independent community pharmacies reported their operating figures to the *Lilly Digest*.
- The *Lilly Digest* was first published in 1932, at the suggestion of Mr. Eli Lilly, as a tool for the independent community pharmacy manager's use in evaluating the status of his operation compared with similar pharmacies.
- In 1982, the *Lilly Digest* celebrated its 50th Anniversary. The purpose of the annual publication is to help pharmacy owner/managers improve their store's profitability.
- The *Lilly Digest* presents the averages of the data of actual community pharmacy operations as reported by participating pharmacies.
- Over 33,000 independent community pharmacies receive the *Lilly Digest* each year. *Digests* are also available to colleges of pharmacy, accounting firms, lawyers, bankers, management consulting firms, health-oriented professional groups, and others with an interest in retail pharmacy.
- To help pharmacists, Eli Lilly and Company offers to analyze, without cost to them, the annual financial statement of any retail druggist who supplies his figures to the company. In addition to the analysis text, the retailer receives a tabulation comparing his results with those of stores with similar sales volume and prescription activity. Where appropriate, Lilly analysts make constructive suggestions for improvement.
- The *Lilly Digest* staff of Eli Lilly and Company offers informal advice to community pharmacists who request it on various operational topics.
- The *Lilly Digest* provides information on the current trends in community pharmacy operations.
- The sales and expenses section of the *Lilly Digest* provides information on selected operating statistics according to sales volume for the typical independent community pharnacy. This section also tabulates the average prescription charge index and other standard price indices. Ten-year trends in pharmacy operations and sales growth are also presented.
- The *Lilly Digest* provides an analysis of the prescription department of the average community pharmacy. These data consist of selected operating statistics according to prescription income as a percent of sales as well as daily prescription activity. Twenty-year prescription department trends are also tabulated.
- The "Heart" of the *Lilly Digest* contains a tabulation of operating data for community pharmacies, arranged according to both annual sales volume and daily prescription activity. A generally accepted accounting format is used so that comparisons can be made with any pharmacy's figures.
- The *Lilly Digest* provides a summary of average operating statistics of pharmacies based on regional variations. Geographic location has a marked effect on the operating figures of pharmacies. When comparisons are made, it is important to consider the influence of geographic location on average operating data.
- The pharmacy location section of the *Lilly Digest* discusses the effect of site location on pharmacy operating data. This section also provides a summary of pharmacy operating statistics according to location.
- The *Lilly Digest's* "Rent" section summarizes rental expense of community pharmacies as a percent of sales according to sales size. Rent statistics are also correlated with various factors such as: annual sales, percent of prescription volume to total sales, prescriptions dispensed daily, years of pharmacy operation, and geographic region.
- The *Lilly Digest* contains balance sheet and financial ratio information useful to community pharmacy owner/managers. Current trends in balance sheet information and financial ratios are presented in table format. Further breakdown of balance sheet and financial ratios information by pharmacy age and sales volume is also illustrated. Ten-year trends of balance sheet data expressed as a percent of sales are also included in the *Digest*. A sound management policy dictates that

the pharmacist/owner/manager review both the income and expense statement for an evaluation of operations and the balance sheet for an assessment of financial position.

Sales

- According to the *Lilly Digest*, a yearly publication of Eli Lilly and Company, the annual sales volume of the typical independent community pharmacy increased over 80% in the last decade.
- The *Lilly Digest*, a statistical reference on independent community operations, shows that prescription department revenue has accounted for about 50% of total sales since 1977.
- The average annual growth rate of total sales in the typical independent community pharmacy was 8.1 percent over the past decade according to the *Lilly Digest*.
- The prescription department's contribution to total sales volume in the typical *Lilly Digest* pharmacy for 1981 was the largest, both in dollars and as a percent of total sales, in *Digest* history.
- Prescription department sales in the independent drugstore have grown over 4-fold in the past 20 years, according to the *Lilly Digest*.

Expenses

- The typical *Lilly Digest* pharmacy has reported a cost-of-goods-sold figure in the range of 65% of sales for the last 5 years.

Wages

- The proprietor or manager's salary in the average independent community pharmacy has risen 38% over the past ten years, according to the *Lilly Digest*.
- In 1981, the figure for employees' wages as a percent of sales in the typical community drugstore was 11.5—the lowest since 1974, according to the *Lilly Digest*.
- In the typical community pharmacy total wages (proprietor's or manager's salary plus employees' wages) account for about 59% of overall expenses, according to the *Lilly Digest*. The total wage figure represents around 18% of total sales dollars, says the *Digest*.

Rent

- The *Lilly Digest* reports that rental expense as a percent of sales for the typical independent community pharmacy has been in the 2.5 range most of the past decade.

Net Profit

- Net profit as a percent of sales in the typical United States drugstore has tended to decline steadily over the past ten years, according to the *Lilly Digest*. In 1981 net profit amounted to about $14,000 or 3.2 percent of total store sales.
- Fifteen percent of independent community pharmacies contributing their operating figures to the *Lilly Digest* indicated they operated at a loss in 1981. Another 50% said their stores showed a net profit before taxes of from 0 to 5%. Only 4% of contributors earned more than 10% net profit before taxes.

Inventory

- The average number of times the entire inventory in the typical drugstore is sold and repurchased per year is just over four says the *Lilly Digest*, a comprehensive report of community pharmacy operations.
- The value of inventory at cost in the typical community pharmacy was just under $69,000 in 1981 according to the *Lilly Digest*.

(continued on page 7)

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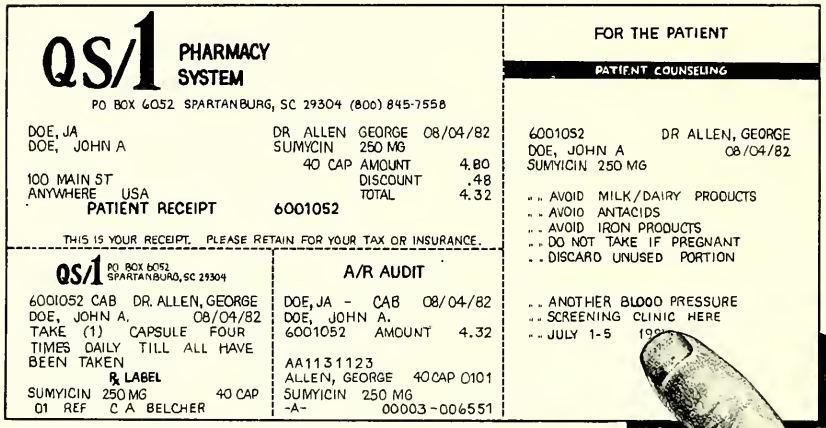

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Lilly Digest (cont. from page 5)

- The typical community pharmacy had a prescription department inventory investment of almost $27,000 in 1981, according to the *Lilly Digest*. This investment has more than tripled since 1961.

Prescriptions

- The number of prescriptions dispensed per year in the typical community drugstore has risen 75% over the past 20 years, according to the *Lilly Digest*. In 1981 the typical pharmacy dispensed about 75 prescriptions per day.
- The average prescription charge in the typical community drugstore rose just over 12% in 1981 to $8.80. This prescription charge has grown at an average annual rate of about 10% per year over the past decade but it should be pointed out that the size of the average prescription also grew 26% during this period indicating that patients received more doses per prescription.

Floor Space

- The size of the typical independent community pharmacy has averaged close to 2500 square feet for the past decade, according to the *Lilly Digest*.

Location

- According to the *Lilly Digest*, community pharmacies located in the Mountain States reported the highest net profit before taxes in 1981 at 4.9% of sales. Drugstores in the New England and East North Central States recorded the lowest net profit before taxes figure—2.3% of sales.
- The community pharmacies in the New England States were open for business an average of 71 hours per week in 1981, according to the *Lilly Digest*. Stores in the West South Central and Pacific States were open, on average, 57 hours each week.
- Independent community pharmacies located in shopping centers had about 3500 square feet of floor area and were open 69 hours per week, according to the 1982 *Lilly Digest*. Stores in medical office buildings were open 51 hours each week and contained just over 1000 square feet of space.
- Retail pharmacy operations in medical office buildings generated about 80% of their total revenue from prescription department sales, according to the 1982 *Lilly Digest*. This type of pharmacy operation also reported the highest average net profit before taxes when compared to other retail pharmacy business sites.
- Thirty-six percent of independent community pharmacies reporting to the 1982 *Lilly Digest* were located in downtown business districts. Neighborhood business sites accounted for 32% of community drugstore locations while 14% of stores resided in shopping centers.

Business Hours

- The *Lilly Digest* reports that the typical community drugstore was open for business 62 hours per week in 1981.

TOP PRESCRIPTION PRODUCTS 1981

	ALPHA RANK	
DRUG PRODUCTS BY BRAND	**1980**	**1981**
Valium	1	1
Inderal	2	2
Lanoxin	4	3
Dyazide	3	4
Lasix	6	5
Tylenol w/Codeine	5	6
Tagamet	9	7
Motrin	8	8
Ortho-Novum	13	9
Dalmane	11	10
Aldomet	12	11
Dimetapp	7	12
Slow-K	16	13
Darvocet-N	10	14

GENERICALLY PRESCRIBED DRUGS	**RANK AMONG ALL DRUGS**
Ampicillin	8
Tetracycline	10
Penicillin VK	11
Amoxicillin	16
Hydrochlorothiazide	17
Erythromycin	21
Prednisone Oral	33
Phenobarbital	39
Thyroid	47
Digoxin	55
Nitroglycerin	59
Insulin NPH	78
Meprobamate	89
Potassium Chloride	90

Deborah Brosnan — University of Arizona
Cheryl E Clapham — West Virginia University
David L Griffin — University of North Carolina
Mary Jane Hurley — Southwestern Oklahoma State University

Remember the summer of '82?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

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We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '82.

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THE VIAL OF LIFE

There is no need to remind you—my fellow pharmacists—that "Life is Vital," for if you did not feel this way you would not be engaged in the practice of Pharmacy.

The NCPhA Woman's Auxiliary has initiated a very worthwhile program—THE VIAL OF LIFE—and is seeking our cooperation in helping them promote this program through our pharmacies.

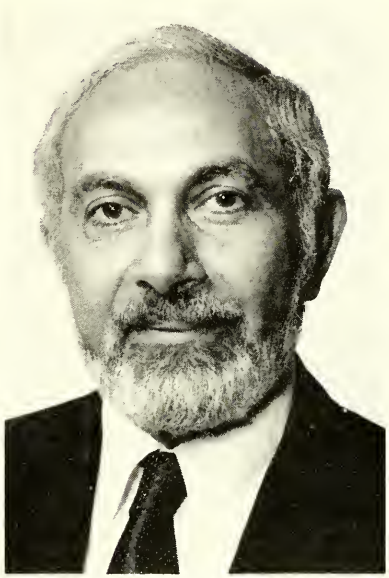
The VIAL OF LIFE is a program designed to provide emergency medical information to emergency medical personnel when their services are needed by individuals on life-saving drugs or who are allergic to certain drugs, and may be alone or unable to give this information, especially the elderly.

How does this program work? Pharmacists provide a 16 dram vial with a snap cap, two VIAL OF LIFE stickers and a medical history form to the patient. The patient is instructed to complete the medical history form and put it in the vial on which one of the VIAL OF LIFE stickers is affixed. The vial is then placed in the refrigerator on the top right shelf. The second VIAL OF LIFE sticker is placed on the outside of the refrigerator. Emergency medical personnel are trained to check the refrigerator for this often-needed medical history when making an emergency service call. You can see that confusion in a crucial situation can be avoided by this program.

The VIAL OF LIFE stickers and medical history forms are available from the Woman's Auxiliary and can be requested by writing or calling the Institute of Pharmacy in Chapel Hill or a local member of the Auxiliary.

A slide/tape presentation, developed by Carolyn Capowski at the UNC School of Pharmacy, runs about fifteen minutes and can be shown to any organization, and explains the VIAL OF LIFE program very well. It too is available from the Institute of Pharmacy, P. O. Box 151, Chapel Hill, 27514, or by calling (919) 967-2237. There is no charge for this program.

This is an essential program that will help protect the health and welfare of our patients and involve pharmacists even more in the health care delivery system. I am asking YOU, THE PHARMACIST, to hand out the VIAL OF LIFE in your pharmacy and assist the recipient complete the medical history form.



Ernest J. Rabil, President
NC Pharmaceutical Association

This is just one form of Public Relations in which we can participate. Let us all work together in promoting the VIAL OF LIFE program. Say yes to the VIAL OF LIFE.

Sincerely,
Ernest J. Rabil
President

NARD SEEKS NOMINATIONS FOR DRUG ABUSE EDUCATION AWARD

The annual NARD/Parke-Davis Drug Abuse Education Award, established 10 years ago, is recognized as one of the highest honors in the pharmacy profession.

The award goes to an outstanding member of the pharmacy profession who has contributed significantly during the preceding year to drug abuse education and prevention. A $1,000 scholarship grant in the winner's name goes to the pharmacy college chosen by the winner. The winner receives $500 to cover personal expenses incurred while attending NARD's Annual Convention and Pharmacy Trade Exposition—this year in Las Vegas.

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Telephone 919/723-8811

Pilot Life

September 19-23—where the award is presented.

NARD members are asked to nominate candidates for the award. Please send nominations and supporting material by June 30, 1983 to Mark Lappen, National Association of Retail Druggists, 205 Daingerfield Road, Alexandria, VA 22314.

Please do not submit nominations to Parke-Davis headquarters or to any of its regional offices.

AYERS SELECTED FOR AWARD

The NC board of Advisors for the Outstanding Young Women of America Awards Program announced that Elizabeth Livengood Ayers, Winston-Salem has been selected for inclusion in the 1982 edition of OUTSTANDING YOUNG WOMEN OF AMERICA.

"Libby" graduated from UNC-Chapel Hill with a B.S. degree in pharmacy and is a supervisor at Forsyth Memorial Hospital. While in pharmacy school she was active in the Student Senate, Rho Chi; Phi Lambda Sigma and Kappa Epsilon. She was the recipient of the Burton Williams Hunter Award. Her husband, Roy Edward, and she reside at 3260-G Zuider Zee Drive, Winston-Salem, North Carolina.

The Outstanding Young Women of America program is designed to honor and encourage exceptional young women between the ages of 21 and 36 who have distinguished themselves in their homes, their professions and their communities. Accomplishments such as these are the result of dedication, service and leadership—qualities which deserve to be recognized and remembered.

Mrs. Ayers, along with approximately 23,000 fellow Outstanding Young Women of America from across the United States, will be presented in the prestigious annual awards. In addition, they are now being considered for one of the fifty-one state winners, the Ten Outstanding Young Women of America will be chosen. The ten national winners will be honored at the annual awards luncheon held in Washington, D. C.

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, February 8th, 1983 at the Cosmos Steak House at 11:30 a.m. for a luncheon.

The meeting was called to order by President, Mrs. Leslie Davis, who welcomed members. The tables were beautifully decorated in a Valentine motif by Mrs. Davis.

Mrs. Jesse Oxendine gave a devotional on love. Mrs. Leslie Barnhardt received the door prize.

The Treasurer's report was given by Mrs. C. Gibbs Henley. Social Chairman, Mrs. Jesse Oxendine reported that the annual "Fun Day" would be in March at the home of Mrs. Roy Moss.

Bill Sawyer, Pharmacy Coordinator of the Charlotte Area Health Education Center spoke on "Pharmacy Today in North Carolina and the Nation." He told of the progress made in pharmacy and its future goals.

Mrs. Ralph Smith
Corresponding Secretary

THE GUILFORD COUNTY SOCIETY OF PHARMACISTS AND THE GREENSBORO AHEC

Regular monthly meeting was held Wednesday, February 9, at Moses Cone Hospital. The speaker for the 8:00 pm meeting was Pam Joyner, Wake AHEC Pharmacist, whose topic was "Current Concepts in Otitis Media." This very interesting program covered epidemiology, pathogenesis, etiology, diagnosis, drug therapy, surgical management, complications, and prevention of this commonly seen problem.

Following the program, President Debbie Houston led a short business session, during which a treasurer's report was given and members were reminded that 1983 dues should be sent in as soon as possible.

There being no further business, the meeting was adjourned.

J. Frank Burton
Secretary-Treasurer

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Mark St. John, Ph-Mgr.

Issued 1/10/83
The Medicine Shoppe
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Laurinburg, NC 28352
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Issued 1/17/83 T/O
Arnold Drugs
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Raleigh, NC 27607
Herman R. Honeycutt, Ph-Mgr.

Issued 1/17/83 T/O
D-Rex Drugs of Jonesville, Inc.
204 S. Bridge St.
Jonesville, NC 28642
David Morrison, Ph-Mgr.

Issued 1/19/83
Trindale Pharmacy, Inc.
2924 S. Main St.
High Point, NC 27263
Joseph Leon Davis, Ph-Mgr.

ELDER-CARE PROGRAM UNVEILED BY PARKE-DAVIS

A campaign to encourage more communication between the nation's pharmacists and older patients has been introduced by the Parke-Davis Division of Warner-Lambert. Called Elder-Care, the program is designed to equip older people to cope better with their individual medication needs.

The company is making available to pharmacies display materials to draw customer attention to pharmacists' expertise in answering questions about medications. Parke-Davis will also provide the pharmacist with the publication "As We Grow Older," which tells patients about the aging process and gives older patients and those who take care of them some guidelines for discussing their use of medications freely with physicians and pharmacists. The booklet stresses the importance of written information and has attached a form that allows patients to keep track of all their medications.

Joseph C. Dilger, director of professional relations for Parke-Davis, pointed out that the aging often cannot see or hear well. Failing eyesight makes it difficult to read patient labeling on medication containers and patient package inserts. Poor hearing inhibits understanding of verbal directions for safe and effective drug use.

Memory loss is another factor prevalent in old age that reduces the patient's ability to comply with complex drug instructions, Dilger explained. Social isolation adds to the difficulty older people have in communicating their dilemma.

"We think that once the Elder-Care symbol becomes familiar to customers, it will stimulate the much-needed two-way communication flow between patient and health care professional," Dilger said. "With over-65s accounting for 10 percent of the population and more than 25 percent of all pharmacy sales, pharmacists have considerable reason for both a business and humanitarian standpoint to spend more time in caring for the needs of their elderly patients."

WHAT'S HAPPENING WITH YOU

Do you have a new pharmacy, job or location? Do you have a new member on your staff or even your family? Have you been working in your community or with any special projects? Are you a community or organization leader or participant?

If so, let us know. By way of the Journal, we want to tell the members of the North Carolina Pharmaceutical Association what their fellow pharmacists are doing. Please complete the form provided below and mail it to the North Carolina Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. We are looking forward to hearing from each of you!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR NEWS:

FDA'S MOVE TO DEREGULATE DRUGS ALARMS N. C. PHARMACISTS

The US Food and Drug Administration has begun making some prescription drugs available without a prescription, a move aimed in part at fighting rising health-care costs.

This may help consumers' pocketbooks, but it could harm their health, says Ernest Rabil of Winston-Salem, president of the NC Pharmaceutical Association.

"We as pharmacists are pretty much alarmed about this thing," Rabil said in an interview yesterday. He is president of Bobbitt's Pharmacies here.

He said that the FDA has switched "quite a few" routine drugs from prescription to over-the-counter status. Most are preparations for colds and allergies, such as antihistamines and decongestants, and they generally are considerably stronger than similar products that traditionally have been sold without prescription.

Rabil said the FDA has not really spelled out its reasons for making the drugs more easily available for self-medication, which, I think, is a bad trend," he said.

"It's going to cause more problems in the long run . . . but I don't think the FDA sees it that way."

Rabil said that the danger of self-medication, without the advice of a physician or pharmacist, is that many drugs can be dangerous when taken together or when taken by someone with certain health problems. Also, he said, some may cancel the effects of others when taken in combination.

Rabil said it is likely that the FDA will go beyond the routine, colds-type medicines in its trend toward self-medication. Already, it allows over-the-counter sale of hydrocortisone creams for skin problems, which, he said can break down the underlying tissue when used to excess.

"I would say either keep prescriptions or have a third class of drugs that can be sold without prescriptions by a pharmacist in the drugstore, where they (buyers) can be supervised and can get advice on what to take," Rabil said.

As it is now, these newly deregulated drugs may be sold in supermarkets and other stores where there is no access to advice about possible adverse effects, he said.

At least one drug manufacturer, Burroughs Wellcome Co., which has its headquarters in Research Triangle Park, does not share Rabil's pessimistic view of the FDA move.

A BW spokesman said that switching drugs from prescription to over-the-counter gives consumers more choice in self-health care. "The trend is viewed as increasingly important because of rising health-care-costs and growing emphasis on personal responsibility for health maintenance," she said.

Burroughs Wellcome, which makes a popular cold remedy that recently was given non-prescription status, stands to make money from the FDA move—just as pharmacists stand to lose if more drugs are allowed to be sold in supermarkets.

A Burroughs spokesman said that allowing its cold remedy, Actifed, to be sold over the counter gives Burroughs access to the general market, "which offers six times more OTC sales than prescription sales."

Reprinted from the Winston-Salem Journal, March 8, 1983.

SMITHFIELD

Two men armed with handguns robbed Carroll Pharmacy in Smithfield New Year's Eve of about $400 dollars in cash and drugs. The robbers asked for all the "Class A" drugs and the money in the register. Kay Carroll, the owner of the pharmacy, was alone in the store at the time of the robbery.

GREENSBORO

The regular monthly meeting of the Guilford County Society of Pharmacists was held Tuesday, January 11, 1983 at 8 pm in the AHEC Conference Room of Moses Cone Memorial Hospital. Speakers for the evening Jean Douglas, Pharm.D, and Molly Ingram, R.Ph., pharmacists at Moses Cone Hospital. The subject of their talk was "Practical Laboratory Monitoring", and dealt with how pharmacists use various lab test results to monitor drug therapy in a clinical setting.

Following the program, new Society officers for 1983 were nominated and elected. They are as follows:

President ..... Debbie Houston
Vice-President ..... Gardner Mann
Sec. Tres. ..... Frank Burton

Respectfully submitted,
Frank Burton, Sec. Tres.

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PHI DELTA CHI CELEBRATING CENTENNIAL AND SEARCHING FOR MISSING ALUMNI BROTHERS

Founded in Ann Arbor, Michigan in 1883, Phi Delta Chi Professional Pharmacy Fraternity is celebrating its centennial year. Nationally the Fraternity has chartered 57 undergraduate chapters and initiated over 30,000 members. Currently there are 46 active chapters and 32 alumni associations.

To commemorate the 100th anniversary of Phi Delta Chi, its national convention in St. Louis on July 28-August 2 will focus on the history of the organization and its contributions to the profession. This 54th Grand Council will include a special luncheon honoring past Grand Officers and alumni, and will include a four hour accredited continuing education program.

During the centennial year, Phi Delta Chi is attempting to locate missing alumni and establish an accurate roster. Any alumni who have not been contacted in the past two years are requested to write the Grand Vice-President of Alumni Affairs and indicate their chapter and year of graduation. Correspondence should be sent to Dr. James E. De Muth, Extension Services in Pharmacy, 425 N. Charter St., Madison, WI 53706. Contact prior to July 1 will ensure inclusion on the centennial roster of Phi Delta Chi Alumni.

EXECUTIVE DIRECTOR POSITION AVAILABLE IN PHI DELTA CHI FRATERNITY

Phi Delta Chi alumni interested in serving as Executive Director should contact Search Committee Chairman Dean Dale W. Doerr. The position will be available August 1, 1983.

The job of Executive Director entails a substantial time commitment and requires excellent managerial and administrative ability. A modest honorarium is paid to the Executive Director. Interested parties desiring more information should contact Dean Doerr at the College of Pharmacy, Butler University, 46th and Sunset Avenue, Indianapolis, IN 46208, before June 1, 1983.

North Carolina Memorial Hospital Department of Pharmacy is the winner of the 1982 Roche Hospital Research Grant. A check consisting of $2,500 was presented to Dr. Allen S. Rosman, Assistant Director Education and Training, by Nathaniel Butler of Roche Laboratories. Persons present, reading left to right are: Nathaniel Butler, Dr. Allen S. Rosman, Frances Gualtieri, Assistant Director of Pharmacy, and Jack Molesworth of Roche Laboratories.

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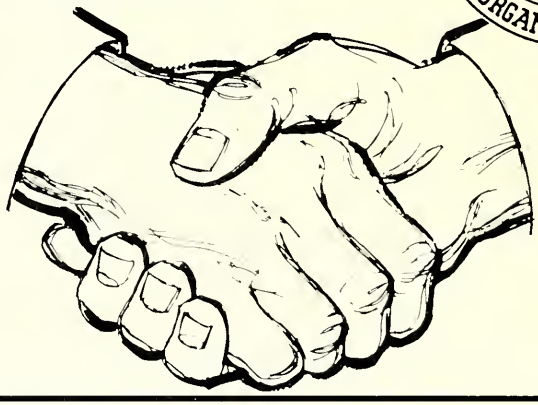

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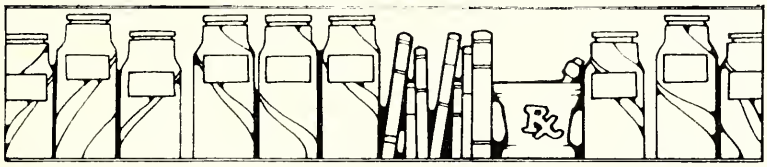
Center Dedication, Participants. Left to right: Loring Baker, President—United States Amateur Boxing Federation; Oscar Ellington, President—North Carolina Amateur Boxing Federation; Mrs. Joe (Emily) Bland; Dr. Richard Black, President—Mercury Athletic Club of High Point.



JOE BLAND BOXING CENTER DEDICATED

The Joe Bland Boxing Center in High Point was formally dedicated Saturday, October 23, 1982, in ceremonies honoring former High Point pharmacist and amateur boxing enthusiast, Joe Bland, who was killed in a plane crash in Poland, March 14, 1980.

The center is the brainchild of the Mercury Athletic Club, which supplied the funds to build the $80,000 facility which houses a full size boxing ring and other boxing equipment. It will be open to all amateur boxers, and will provide a permanent home for boxing in the High Point area.

Taking part in the dedication were local and national figures in amateur sports. The Master of Ceremonies was Oscar Ellington, president of the North Carolina Amateur Boxing Federation. Others involved in the ceremony include Dr. Richard Black, President of the Mercury Athletic Club, and Loring Baker, President of the United States Amateur Boxing Federation. A special presentation was made by Emily Bland, widow of Joe Bland.

Joe Bland was active in AAU swimming and boxing for many years, and was President of the North Carolina Amateur Athletic Union at the time of his death. He was serving as team manager for the American Amateur boxing team when killed in the plane crash. The center is in memory of Joe Bland and his devotion and dedication to the high ideals of amateur boxing and amateur sports in general.

WHY MANDATORY CONTINUING EDUCATION SHOULD BE ADOPTED

by
Michael D. Barnes 5/5,
UNC School of Pharmacy

Continuing education for pharmacists is a topic that has been receiving increasing attention. With the public's heightened concern and awareness of health care has come a demand that today's practitioners perform more competently. The pharmacy profession has responded with the idea of continuing education.[1] In fact, many states now require that pharmacists participate in continuing professional education as a prerequisite for renewal of their registration to practice the profession.[2] This requirement is one which I support. Continuing education fulfills the need for information concerning new technology, guarantees continuing competence, helps to prevent legal liability, and satisfies a moral responsibility to the public. These goals enhance the competency of the individual pharmacist and help advance both the pharmacist and the entire field of pharmacy.[3]

Perhaps the best argument for continuing education is that we are living in an era which is seeing extensive and rapid changes in health care delivery. Pharmaceutical technology is advancing so quickly that even experienced practitioners and scientists have difficulty keeping up.[4] Also, the role of the pharmacist is changing. More emphasis is now being placed on patient-oriented services.[5] These clinical roles are prompting industry to target pharmacists for promotional and educational campaigns similar to those directed toward physicians.[6] A pharmacist who is not competent in this new, demanding role may be left behind or fail to provide adequate care for his patients. To keep up with this challenge, a corresponding commitment to improve his professional competence must be made by the pharmacist. The primary means by which one may gain this competence is through continuing education.[7] Continuing education can shore up those weak areas in a pharmacist's practice and keep him in the mainstream of pharmacy.

Required continuing education also provides the guarantee that the pharmacist has at least a minimal amount of exposure to the new concepts and trends within the profession. Dr. Edmund D. Pellegrino supports this philosophy when he states:

> Continuing education is the only guarantee of continuing competence and the ultimate protection for the patient of the quality of care he receives. It is too important to be left as an individual responsibility.[8]

Dr. Pellegrino very perceptively indicates the human tendency to be satisfied with one's present practice and not to pursue new concepts and trends. The public needs to be assured that the pharmacist has had at least a minimal exposure to current medical procedures through continuing education.

There are also legal considerations which make continuing education a necessity. Malpractice suits are often based on a national standard of performance that probably exists for pharmacists.[9] Joseph L. Fink III and Maven J. Myers maintain that "pharmacists must strive to keep abreast of the ever advancing standards of the profession in order to minimize their professional liability exposure."[10] A pharmacist who does not participate in continuing education programs may be unaware of vital information that could protect the patient. However, this ignorance of current practice does not excuse the pharmacist from his legal responsibility to perform his task at a level which has become the standard.

Finally, a pharmacist has a moral responsibility to participate in continuing education. Louis P. Jeffrey and Joseph N. Gallina say that "the pharmacist, as a health care professional, has an inherent moral responsibility to maintain a high level of knowledge and professional competence through a process of life-long learning."[11] Dr. Edmund D. Pellegrino states it another way:

> Next to integrity, competence is the first and most fundamental moral responsibility of all the health professionals. . . . More importantly, new

> knowledge and skills can be so drastically effective that failure to possess them or make them available is truly a moral failure. . . .[12]

The public expects pharmacists to be informed in the areas of modern treatment that are now provided by medicine. It is indeed a "moral failure" to neglect the duty of the profession of pharmacy to provide up-to-date and informed information and services to the consumer.

Now that my arguments for continuing education have been outlined, it may be helpful to look at the continuing education program itself. In general, the content of most continuing education programs has been developed by pharmacy school faculty. Pharmacists often complain that the programs are like college lectures.[13] The emphasis is solely on the attainment of knowledge.[14] This area is where there is room for improvement. Continuing education is expensive; therefore, pharmacy has an obligation to assure that the programs are credible and well-structured.[15] William A. Zellmer presents his ideas as follows:

> Ideally, pharmacy should have a structured system or master plan for continuing education. The system, as a joint effort of pharmacy associations, could determine practitioner needs, assign priorities, evaluate alternatives (effectiveness vs. cost) to meet these needs, plan and administer the programs, and evaluate the results. In lieu of a master plan for the profession, an organization like ASHP can follow a systematic plan for meeting the educational needs of its members.[16]

This idea appears to be very feasible. These programs would be practice-oriented and deal with the real issues that pharmacists need to hear discussed. A program of this nature would encourage more states to adopt mandatory continuing education requirements for all of their practicing pharmacists.

It is hoped that I have presented a rational basis upon which one can see the importance of mandatory continuing education for pharmacists. It is no longer good enough to say that "we are competent because we say we are competent."[17] The public wants the best value possible for its health care dollar. Just like an athletic skill, professional competency requires constant and continual attention to maintain it at peak performance.[18] As learning continues to be more important in professional practice, continuing education will become even more critical.[19] In closing, it seems appropriate to quote Frank Murphy. He capstones the subject as he states:

> It is safe to say, with all the evidence at hand, that those who choose to continue with the feeling "Leave me alone, I'm doing OK" will in fact *be* passed by—and then it may be too late to catch up.[20]

GRADUATE PROGRAM IN PHARMACY ADMINISTRATION

The Department of Pharmacy Administration at the University of North Carolina School of Pharmacy has for a number of years offered a program leading to a Master of Science degree. Pharmacy Administration applies behavioral and administrative science skills to the practice of pharmacy. The goal of the Master's program is to educate individuals to address the social, economic, and administrative problems of pharmacy business organizations. Students in the program participate in core courses taught within the Department and courses taught in Business, Public Health, Economics, Statistics, Psychology, and Sociology. Graduates of this program seek employment in administrative or research positions in drug companies, chain pharmacy organizations, or governmental agencies. They may also be eligible to pursue the Ph.D. degree.

The Department recently joined with Health Policy and Administration within the School of Public Health to offer the Ph.D. to Pharmacy Administration Master's students at North Carolina. If you are interested in obtaining more information about the Department's graduate programs, write to Department of Pharmacy Administration, University of North Carolina, School of Pharmacy, Beard Hall 200H, Chapel Hill, NC 27514, or call us at 919-962-0106.

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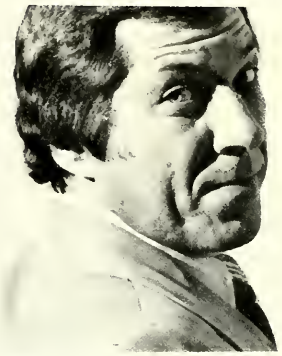

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1983 PHARMACY PAYMENT CYCLES

During 1983, PCS will continue paying pharmacies every two weeks. Here is the 1983 schedule of cycle dates, providing you with both the mail received cut-off and the shipping dates for each cycle's checks.

Mail Cut-off	*Shipping Date*
01-05-83	01-12-83
01-19-83	01-26-83
02-02-83	02-09-83
02-16-83	02-23-83
03-02-83	03-09-83
03-16-83	03-23-83
03-30-83	04-06-83
04-13-83	04-20-83
04-27-83	05-04-83
05-11-83	05-18-83
05-25-83	06-01-83
06-08-83	06-15-83
06-22-83	06-29-83
07-06-83	07-13-83
07-20-83	07-27-83
08-03-83	08-10-83
08-17-83	08-24-83
08-31-83	09-07-83
09-14-83	09-21-83
09-28-83	10-05-83
10-12-83	10-19-83
10-26-83	11-02-83
11-09-83	11-16-83
*11-21-83	11-30-83
12-07-83	12-14-83
12-21-83	12-28-83

*Thanksgiving week—this cycle advanced to Monday because of the short holiday week.

It is important to emphasize that the cut-off dates are those dates when claims must be in-house at PCS. It is still our goal to be able to process each cycle's claims and issue payment checks within approximately 7 calendar days after each cut-off date. Please be sure to allow sufficient mailing time from your part of the country for your claims to reach PCS by each cut-off date. We suggest you mail your claims weekly, or more frequently depending upon your volume. This will more evenly distribute the flow of claims received at PCS.

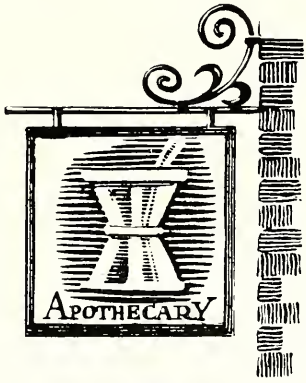
EXPIRATION DATES A VIABLE CONCEPT

PCS, at its inception, pioneered embossing the expiration date on the plastic identification card because we felt it was the best alternative to producing ineligibility or "hot lists." We bring this to your attention because we have noticed that some attempts through third party legislation might very well open the door to ineligibility lists. We believe that the expiration date on the card is a viable concept which serves the best interests of our member pharmacies and PCS as well.

DEPENDENTS' NAMES ON IDENTIFICATION CARDS

Some plan sponsors have requested that we emboss the names of the dependents on the PCS plastic identification card, preceded by a two-digit identification number. You may be seeing *some* PCS cards utilizing this format. At this time, there are only a few of these cards in circulation.

This is *not* a total changeover from our present format, but we do want to inform you that both the standard format, to which you have become accustomed, as well as this new format, are *both* valid under the current PCS system.



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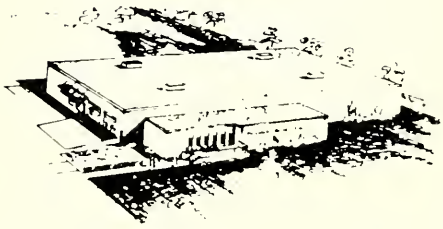

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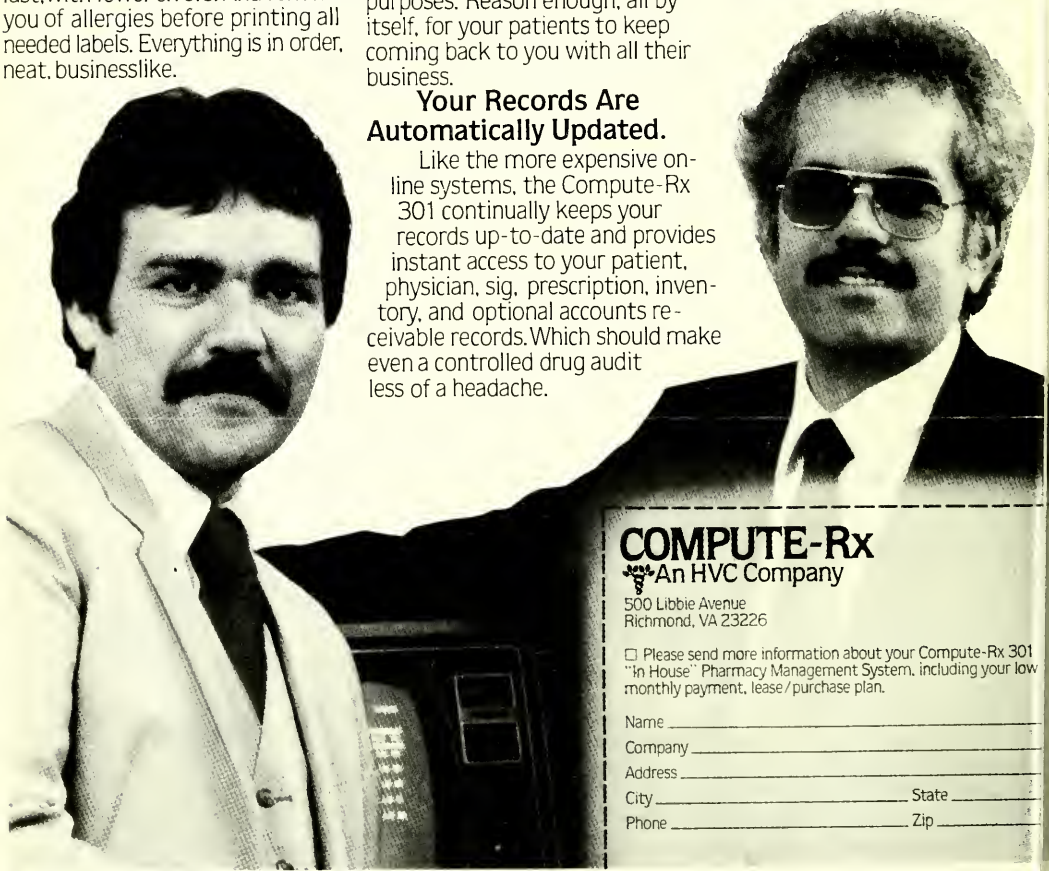

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As the months go by, I.C. System's efforts get stronger. If the debtor turns a blind eye and a deaf ear to these efforts for six months, the company releases the account back to you with a recommendation that you refer the account to an attorney with full authority to collect.

Under the new program, I.C. System proceeds as it has in the past, with one major addition. If you do not have an attorney who handles collection work, or if the debtor lives outside the area where your attorney is authorized to practice, I.C. System will put you in touch with a qualified attorney to represent you.

Once having helped you establish a satisfactory relationship with the attorney, I.C. System steps aside. In each case, you decide whether to follow through with litigation or to drop the matter.

Members who joined the program prior to 1983 may add the litigation option, or remain under their existing program which recovered $52.8 million for creditors during 1982. Contact the Association office for more information.

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DRUG PRODUCT PROBLEM REPORTS

PATIENT INSTRUCTIONS REVISED

A Pennsylvania pharmacist reported to USP that the patient directions on a Nitroglycerin patch called for the patch to be applied 30 minutes *before* removal of the previous patch. The pharmacist's information indicated that the effects of the medication last for 30 minutes after the patch has been removed. If the patient applied the new patch 30 minutes before removing the previous patch, the medication doses would overlap. The manufacturer responded that the pharmacist's information was correct in that the effects of the medication last for 30 minutes after the patch is removed and, therefore, it is not necessary to apply the new patch 30 minutes *before* removal of the previous patch. The firm stated that it has revised its patient instructions to eliminate the confusion that exists.

NEW SYRINGE DESIGNED

A hospital pharmacist in Delaware reported to USP that a particle appeared after the rubber diaphragm of prefilled ocular enzyme unit was punctured. According to the FDA Bureau of Medical Devices, the manufacturer had received similar reports of black particles from the rubber diaphragm being injected into the eye during lens surgery. The firm has designed a new syringe to eliminate the problem.

BLADDER IRRITATION

A pharmacist reported through the DPPR program that a patient experienced urinary disturbances following the use of one company's Chlorthalidone tablets. According to the report, when a different product was used, the symptoms disappeared. When the product in question was used again, the symptoms reappeared. Information received at USP from the manufacturer of the problem product stated that the urinary track symptoms could be related to the diuretic action of the drug or possibly to the different dyes used in the manufacture of the tablets. The company advised that it would consider changing the color of its Chlorthalidone preparations to eliminate the possibility of bladder irritation due to the dye.

CYANOCOBALAMIN STRENGTH MISSTATED

A Class III nationwide recall was initiated after a community health center pharmacist in Michigan reported the mislabelling of a cyanocobalamin, iron and liver injection used in the treatment of iron deficiency anemia. The label indicated that the product contained 500 milligrams of Cyanocobalamin instead of 500 micrograms.

The firm initiated a nationwide recall of 5,754 vials on the market.

POTENCY MISSING FROM OXACILLIN LABELING

A pharmacist in New York noticed that several vials in a carton of Oxacillin 1.0 gram did not indicate the strength. While some vials were marked 1.0 gram, others were not. Upon receipt of this report, the firm examined all filling and labeling records for the lot in question. All retained vials were inspected but no incomplete imprint labels were found. Visual examination of the vials returned by the reporter did confirm, however, that the 1.0 gram potency was missing from the specified area on the front of the label.

The firm concluded that the affected labels were located together, in sequence, at the splice, the beginning, or the end of the roll. The firm initiated a revised procedure for label inspection at its plant to avoid any future label defects.

METHENAMINE TABLET COATING CHANGED

A California pharmacist reported that when he opened a new bottle of Methenamine Mandelate tablets, the surface of the tablets was sticky and wet despite the presence of a desiccant in the bottom of the bottle.

According to the FDA, the firm has since changed from opolux dye to velo dye to prevent hygroscopicity of the tablet coating. In addition, the desiccant is now placed on top of the tablets.

MISLABELED ISOSORBIDE

A California pharmacist contacted the labeler of an Isosorbide Dinitrate product to check on whether the firm had changed the color of its 5-mg tablets. Upon opening a bottle of 1000 tablets labeled as the 5-mg strength, the pharmacist discovered white tablets.

The firm determined that the white tablets were Isosorbide Dinitrate 10 mg and issued a Class III recall in three states due to the mislabeling.

OINTMENT/CREAM BOXES TO BEAR EXPIRATION DATE

Pharmacists across the nation, from North Carolina to Washington State, reported their concern with the expiration date on labeling of various ointments and creams from a certain manufacturer. The expiration dates were imprinted into the crimps of the tubes but were not printed on the boxes. Therefore, each box had to be opened by the pharmacist when checking for outdated stock.

According to the manufacturer, the expiration date will be printed on the individual cartons in the future.

STORAGE OF RECONSTITUTED CARBENICILLIN

The *package insert* that accompanied a vial of Carbenicillin stated that the concentrated stock solution must be diluted within 72 hours at room temperature or within 14 days if kept under refrigeration. The side of the *vial* stated to discard unused stock solution 24 hours after reconstitution if stored at room temperature or 72 hours if kept under refrigeration. The reporting pharmacist felt this was confusing. After discussion of the problem, the firm agreed with the pharmacist's comments. The *vial* labeling was revised to agree with the package insert.

SLUGGING A PROBLEM

Two pharmacists reported that guanidine hydrochloride tablets were extremely fragile and that they broke up into powder form in the bottle. The reports involved two different lots.

Information provided to USP by the manufacturer stated that the tablets are moisture-sensitive and tend to be soft and friable due to the guanidine and the mannitol in the tablet base. The manufacturer has investigated pre-compression *slugging* of the tablet granulation to improve tablet hardness. The company is also researching a possible improvement of the tablet base to improve tablet quality.

LIQUID TABLETS

An Illinois pharmacist reported to USP that a bottle of Isosorbide Dinitrate oral tablets, purchased directly from the manufacturer, was filled with an unknown liquid instead of tablets.

A full investigation by the manufacturer showed that the labeling machine had difficulty holding an empty bottle in place during labeling. In order to set up the machine, a bottle of water, properly identified, was used for added weight. Unfortunately, the bottle the pharmacist received had not been properly identified and went through the entire packaging and labeling process undetected. The manufacturer adjusted the unit which holds the bottle in place so that additional weight is not necessary.

This report covers some of the recalls and product improvements to which the Practitioner Reporting System has contributed. The product and company names are omitted since no reflection on any specific manufacturer, distributor, reporter, or product is intended or should be inferred from the case studies. Rather the examples should indicate some of the problem areas where the practitioner may wish to be especially alert.

The work upon which this publication is based was performed by the USPC, Inc. pursuant to Contract No. FDA 223-81-3023 with the Public Health Service, Food and Drug Administration, Department of Health and Human Services.

SYNTEX PRESS INFORMATION

John S. Braswell

John S. Braswell, having completed a five-month training program ending with an intensive three-week seminar here, has been named a Syntex professional medical representative, according to Richard Casey, Syntex vice president of sales.

In this position, Braswell will provide health care professionals in the Rocky Mount, N. C. area with medical background and usage information on Syntex pharmaceutical products. Braswell will report to Roger Kinsey, Syntex district manager.

Prior to joining Syntex, Braswell was a sales representative for American Optical Medical Division. He received a B.B.A. from Wake Forest University, Winston-Salem, N. C.

The initial Syntex training program includes courses in medical terminology, anatomy, physiology, disease states, pharmacology, modes of therapy and specific Syntex products. Individual instruction involves interaction with prominent scientists and clinicians.

NEWS RELEASE

Gary George Liversidge

GARY GEORGE LIVERSIDGE has recently joined the faculty of the School of Pharmacy as Assistant Professor of Pharmaceutics. He received his Bachelor of Pharmacy degree with Special Honors in 1978 from the School of Pharmacy, University of Bradford in Bradford, England; and his Ph.D., in 1981, from the School of Pharmacy, University of Nottingham, Nottingham, England. Dr. Liversidge comes to us from serving 2 years as Post Doctoral Research Fellow in the Department of Pharmaceutical Chemistry, University of Kansas at Lawrence.

His research is in the development of new techniques for the administration of drugs, including nasal, ocular, and rectal delivery systems.

In the fall, Dr. Liversidge will be teaching parts of the pharmacy calculations course and basic pharmaceutics.

When not teaching or conducting research, he enjoys soccer, fresh water fishing, and hunting game birds.

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Write: 414 Stone Croft Apts., 1093 Farewell Drive, Gastonia, NC 28052 or call anytime: 704-861-9110.

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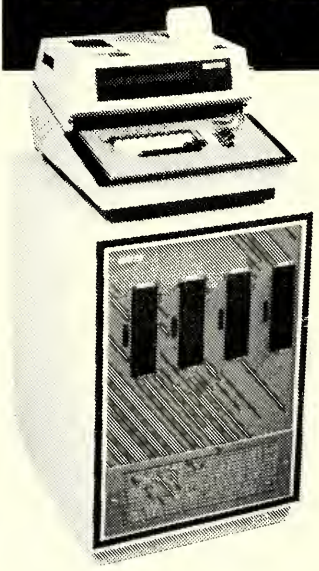

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THE CAROLINA
JOURNAL of PHARMACY

VOLUME 63 NUMBER 3
MARCH 1983

CONVENTION ISSUE

The Center for Continuing Education
Boone, NC
103rd Annual Convention
North Carolina Pharmaceutical Association
The Woman's Auxiliary
The Traveling Member's Auxiliary
June 19-21, 1983

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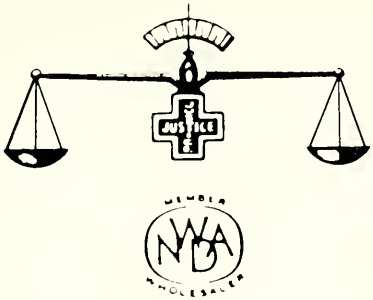

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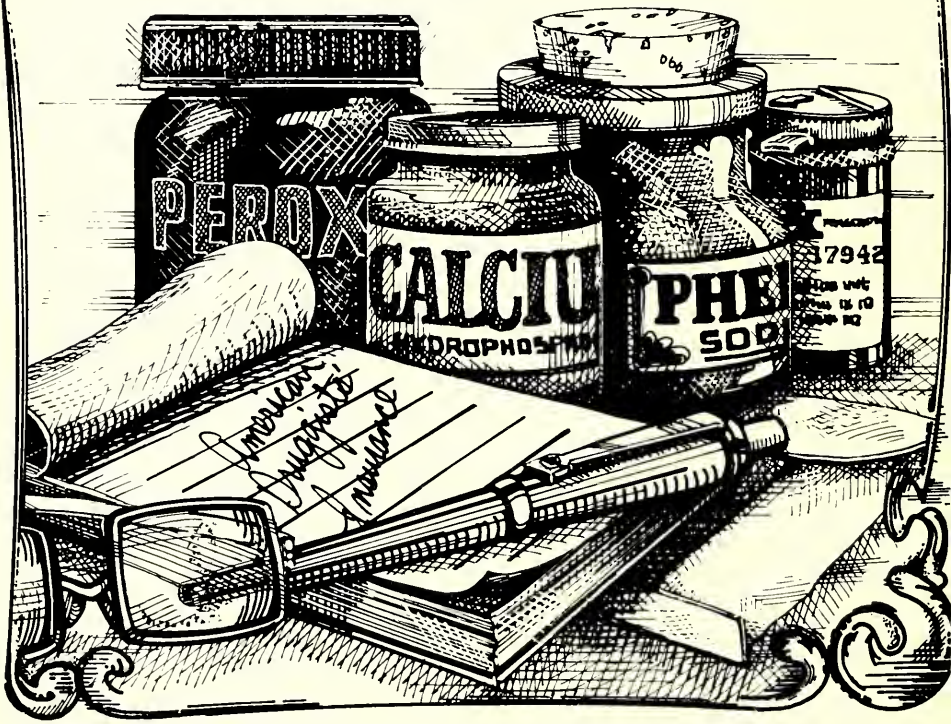

THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

MARCH 1983 VOLUME 63 NUMBER 3

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March, 1983

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

JEANNE ROBERTSON OPENING SESSION KEYNOTE SPEAKER

Jeanne Robertson

A speaker that makes talking tall, talking funny. Other speakers may be as witty as Jeanne Robertson of Burlington but it would take a while to find one. Some might even be as tall. (She's 6'2" in her size 11 stocking feet.) But nowhere will you find a speaker so adept at turning personal experience into a standup comedy routine that does more than just poke fun. Jeanne leaves her audience laughing . . . and thinking about her message all the way home. As a former Miss North Carolina (and the tallest girl ever to lose the Miss America Pageant), Jeanne is used to being in the public eye. In fact, she gave over 500 speeches during her year as a beauty queen. After graduating from Auburn University in Auburn, Alabama, Jeanne continued her speaking career on a part-time basis while teaching physical education. In 1976, she decided to devote all her time to professional speaking. Since then she has regaled countless audiences with her unique brand of humor at dinner meetings, clubs, sales seminars and conventions. In the summer of 1979, she became the first female speaker to keynote the prestigious National Speakers Association Convention. In 1981, she received the highest award given by the 1600 members of that speakers association when she was presented the CPAE Award for excellence in speaking. One of the other three recipients of the award at that time was President Ronald Reagan. Jeanne is sponsored by The Upjohn Company.

Smokey Hollow Band-Music for the Monday Night Square Dance

CONVENTION-IN-BRIEF

SUNDAY, JUNE 19, 1983

1:00 p.m.	REGISTRATION DESK OPENS—Cannon Hall
1:30 p.m.	PharmPAC Business Session—Broyhill II Rufus Edmisten, Featured Speaker
	Woman's Auxiliary Craft Room Opens—Jefferson Room
3:00 p.m.	Women in Pharmacy Committee Meeting—Chancellor's Suite
4:00 p.m.	Awards Session—Broyhill II
5:00 p.m.	Reception Honoring Award Recipients—Patio
7:30 p.m.	*Opening Session Dinner—Broyhill Auditorium

MONDAY, JUNE 20, 1983

7:30 a.m.	Phi Delta Chi Breakfast—Burris Room
8:00 a.m.	REGISTRATION DESK OPENS—Cannon Hall
8:00 a.m.	Woman's Auxiliary Past Presidents' Breakfast Northwestern Room
8:00 a.m.	TMA Foundation Breakfast—Boren Room
9:00 a.m.	FIRST NCPHA BUSINESS SESSION—Broyhill I
9:00 a.m.	Woman's Auxiliary Craft Room Opens—Jefferson Room
10:30 a.m.	Buses Leave for Woman's Auxiliary Tours
12:00 noon	Woman's Auxiliary Luncheon—Shatley Springs Inn
12:30 p.m.	Academy of Consultant Pharmacists Luncheon & Business Session—Burris Room
Afternoon	Golf Tournament and Pro Clinic—Boone Golf Course Bobby Clampett—Pro
	Tennis Tournament—ASU Courts
2:00 to 3:30 p.m.	NCPhA Workshops—First Session Epilepsy—Patricia Ann Gibson—Integon Room Pharmacology of New Drugs—Bill Sawyer Rankin-Daniel Board Room Personal Financial Management—Robert F. Naples Bernhardt Lounge
3:30 to 5:00 p.m.	NCPhA Workshops—Second Session
7:30 p.m.	*Patio Cook-Out—Center for Continuing Education
9:00 p.m.	**Square Dance—Holiday Inn Convention Center
10:30 p.m.	**Ice Box Raid—Holiday Inn Convention Center

TUESDAY, JUNE 21, 1983

8:00 a.m.	REGISTRATION DESK OPENS—Cannon Hall
9:00 a.m.	N. C. Board of Pharmacy June Meeting—Integon Room (Open to the public)
9:00 a.m.	SECOND NCPHA BUSINESS SESSION—Broyhill I
9:00 a.m.	Woman's Auxiliary Coffee—Broyhill III
9:30 a.m.	Woman's Auxiliary Business Session—Broyhill III
11:00 a.m.	TMA Business Session—Broyhill II
11:15 a.m.	Buses leave for Green Park Inn, Blowing Rock
12:00 noon	Woman's Auxiliary Luncheon—Green Park Inn
2:00 p.m.	THIRD NCPHA BUSINESS SESSION—Broyhill I
2:00 p.m.	N. C. Board of Pharmacy Public Hearing on Proposed Rules and Regulations for Institutional Pharmacy—Broyhill III
7:00 p.m.	*Installation Dinner—Broyhill Auditorium *John A. Johnson, NARD President, Speaker Drawing for Woman's Auxiliary Beach Cottage Vacation
9:00 p.m.	TMA Dance—Broyhill Auditorium Music by Burt Massengale and his Orchestra

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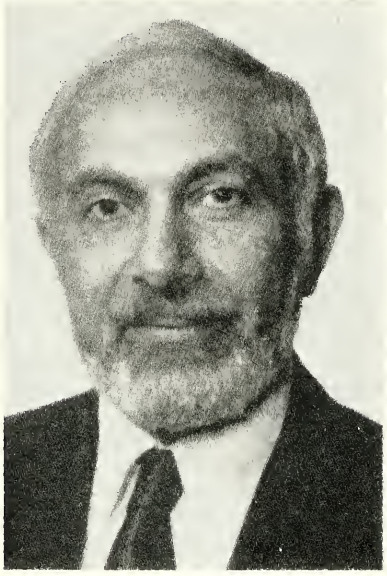

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CONVENTION PROGRAM

103rd ANNUAL MEETING
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION
Center for Continuing Education
Boone, North Carolina
June 19, 20 & 21, 1983

SUNDAY AFTERNOON

1:00 p.m.	REGISTRATION DESK OPENS—Cannon Hall
1:30 p.m.	PharmPAC Business Session—Broyhill I Rufus Edmisten, Featured Speaker Woman's Auxiliary Craft Room Opens—Jefferson Room
3:00 p.m.	Women in Pharmacy Committee Meeting Chancellor's Suite
4:00 p.m.	Awards Session—Broyhill II
5:00 p.m.	Reception Honoring Award Recipients—Patio
7:30 p.m.	Opening Session Dinner—Broyhill Auditorium

OPENING SESSION DINNER
BROYHILL AUDITORIUM
SUNDAY, JUNE 19, 1983
Seven-Thirty O'Clock

Paul E. Branch, Convention Chairman, presiding

CALL TO ORDER
North Carolina Pharmaceutical Association—Ernest J. Rabil, President
Woman's Auxiliary—Mrs. A. C. Dollar, President
Traveling Members Auxiliary—C. Rush Hamrick, III, President

INVOCATION
The Reverend R. B. "Bud" Smythe, Pastor, Alliance Bible Fellowship
Tha Christian and Missionary Alliance

DINNER

WELCOME TO THE CITY
Dr. Larry Keeter, Professor of Sociology, Appalachian State University
Member of the City Council

W. J. SMITH CONVENTION SPEAKER
Jeanne Swanner Robertson—Sponsored by The Upjohn Company

ANNOUNCEMENTS

ADJOURNMENT

CONVENTION BADGE REQUIRED FOR ALL FUNCTIONS

MONDAY MORNING, JUNE 20, 1983

First Business Session
David D. Claytor, First Vice President, Presiding

Nine O'Clock AM — Broyhill I

In Memoriam—The Rite of The Roses—Third Vice President and Mrs. H. Shelton Brown, Jr.
The President's Address—Ernest J. Rabil, President, NCPhA
Prescription Buyers' Survey—Jack M. Newcomb, Manager Pharmacy and Trade Relations, The Upjohn Company
The N. C. Board of Pharmacy Report—David R. Work, Executive Director
Report from the UNC School of Pharmacy—Tom S. Miya, Dean
Effective Lobbying—Edd Nye, NCPhA Lobbyist
Committee Report—Endowment Fund and Consolidated Pharmacy Loan Fund
Attendance Prizes

MONDAY AFTERNOON

Golf Tournament & Clinic—Boone Golf Course—Sponsored by Owens-Illinois
Tom Taylor, Chairman Bobby Clampett, Pro
Tennis Tournament—ASU Courts
Meetings:
Committee on Time and Place
Committee on Resolutions
NCPhA Workshops 2:00 pm to 5:00 pm
Pharmacology of New Drugs, An Update—William T. Sawyer, Charlotte AHEC
Epilepsy—Patricia Ann Gibson, ACSW, Bowman Gray School of Medicine
Personal Financial Management—How to make wise consumer decisions
Robert F. Naples—John A. Walker College of Business, Appalachian State University
(Workshops will last 1 and ½ hours and will repeat)

MONDAY EVENING

Seven-Thirty O'Clock PM—**Patio Cook-Out***—Center for Continuing Education*
Nine O'Clock PM—**Square Dance**—Holiday Inn Convention Center
Ten-Thirty O'Clock PM—**Ice Box Raid**—Holiday Inn Convention Center
Sponsored by North Carolina Wholesale Druggists

**Reservations may be purchased from NCPhA Registration Desk*

TUESDAY MORNING, JUNE 21, 1983

Second Business Session
Waits A. West, Second Vice President, Presiding

Nine O'Clock AM — Broyhill I

Report from the Student Branch—Chris Dixon, President
The Washington Perspective—Jean Paul Gagnon—Robert Wood Johnson Fellow
New Concepts in the Management of Diabetes—Jerome M. Feldman, MD., Associate Professor of Medicine, Duke University School of Medicine, and Chief, Endocrine Service, Durham VA Hospital. Sponsored by Eli Lilly & Co.
PharmPAC—Henry Smith, Secretary-Treasurer
Legislative Update—Rob Bizzell and Paul Bissette, Co-Chairmen
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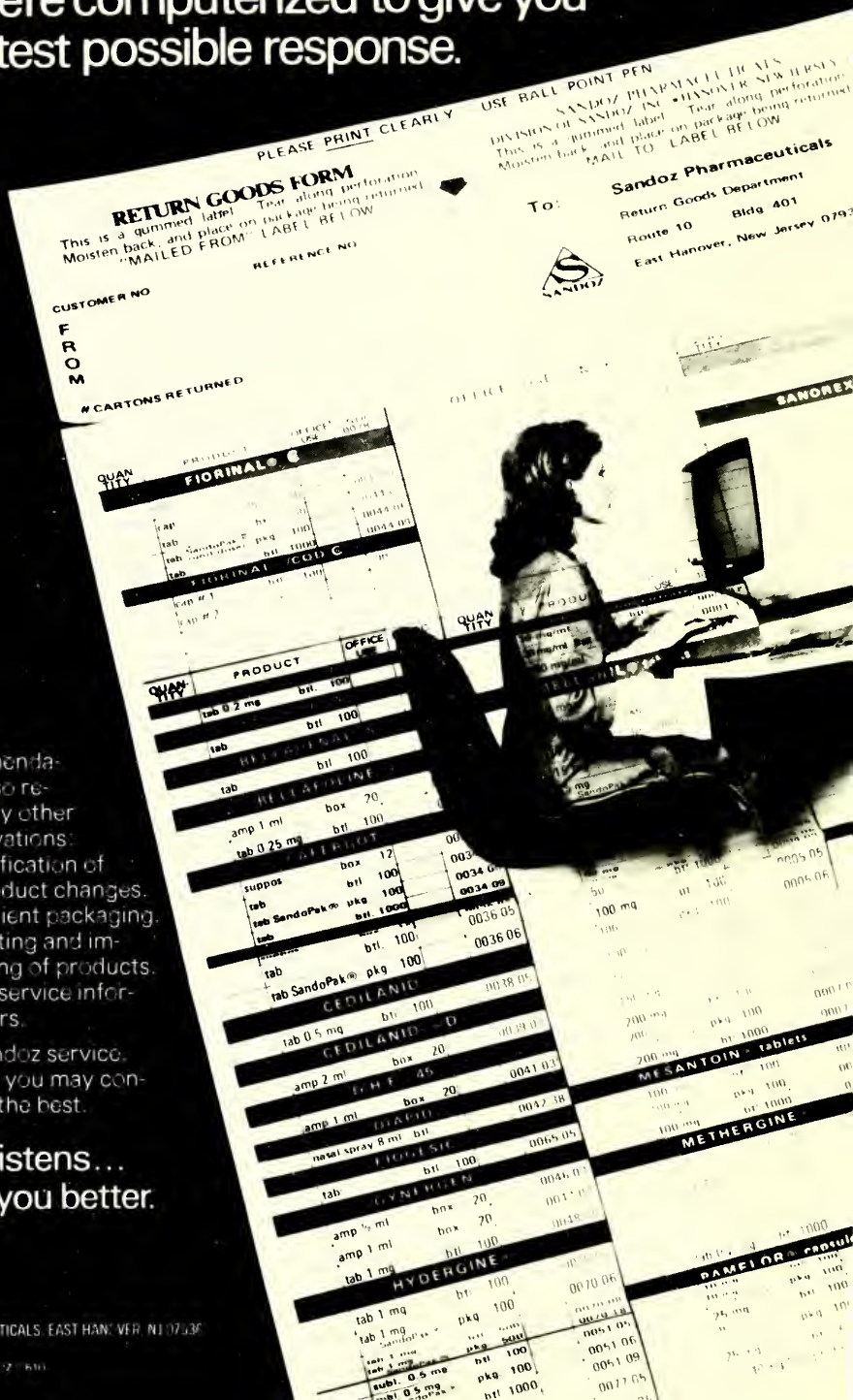

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TUESDAY AFTERNOON

Third Business Session
Ernest J. Rabil, President, Presiding

Two O'Clock PM — Broyhill I

Premenstrual Syndrome—Julian E. Upchurch
Committee Reports—Continuing Education
Women in Pharmacy
Time & Place
Resolutions
Nominations
Greetings from the Woman's Auxiliary—Mrs. A. C. Dollar, President
Report of the Convention Registrar—Tom R. Burgiss
Attendance Prizes
Adjournment

TUESDAY EVENING

Seven O'Clock PM — Broyhill

Auditorium
Installation Dinner*
Joe Miller, Past President, Presiding
Remarks by John A. Johnson, President
National Association of Retail Druggists

Nine O'Clock PM — **TMA Dance** — Broyhill Auditorium

Music by Burt Massengale and his Orchestra
Sponsored by The Traveling Members Auxiliary
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The Burt Massengale Orchestra will provide music for the TMA-sponsored dance Tuesday evening, Broyhill Auditorium, following the Installation Dinner.

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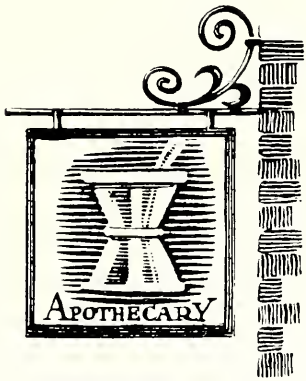
1907-1908	C. R. Thomas, Thomasville*
1908-1909	J. E. Shell, Lenoir*
1909-1910	G. Y. Watson, Southport*
1910-1911	Max T. Payne, Greensboro*
1911-1912	E. T. Whitehead, Scotland Neck*
1912-1913	J.G.M. Cordon, Clayton*
1913-1914	C. P. Harper, Selma*
1914-1915	G. C. Goodman, Mooresville*
1915-1916	E. L. Tarkenton, Wilson*
1916-1917	E. G. Birdsong, Raleigh*
1917-1918	G. A. Matton, High Point*
1918-1919	S. E. Welfare, Winston-Salem*
1919-1920	G. R. Pilkington, Pittsboro*
1920-1921	E. E. Missildine, Tryon*
1921-1922	I. W. Rose, Rocky Mount*
1922-1923	J. A. Goode, Asheville*
1923-1924	P. A. Lee, Dunn*
1924-1925	J. P. Stowe, Charlotte*
1925-1926	A. A. James, Winston-Salem*
1926-1927	Clyde Eubanks, Chapel Hill*
1927-1928	R. R. Copeland, Ahoskie*
1928-1929	Warren W. Horne, Fayetteville*
1929-1930	C. C. Fordham, Sr., Greensboro*
1930-1931	C. B. Miller, Goldsboro*
1931-1932	A. E. Weatherley, Greensboro*
1932-1933	A. Coke Cecil, High Point*
1933-1934	J. C. Hood, Kinston*
1934-1935	E. F. Rimmer, Sanford*
1935-1936	R. A. McDuffie, Greensboro*
1936-1937	W. C. Ferrell, Nashville*
1937-1938	P. J. Suttlemyre, Hickory*
1938-1939	C. C. Fordham, Jr., Greensboro*
1939-1940	Phil D. Gattis, Raleigh*
1940-1941	Joseph Hollingsworth, Mt. Airy*
1941-1942	Ralph P. Rogers, Durham*
1942-1943	Paul B. Bissette, Wilson*
1943-1944	R. P. Lyon, Wadesboro*
1944-1945	W. A. Gilliam, Winston-Salem
1945-1946	W. A. Gilliam, Winston-Salem
1946-1947	E. C. Daniel, Zebulon*
1947-1948	T. R. Burgiss, Sparta *
1948-1949	T. J. Ham, Jr., Yanceyville*
1949-1950	J. C. Jackson, Lumberton
1950-1951	W. R. McDonald, Jr., Hickory*
1951-1952	J. Paul Gamble, Monroe*
1952-1953	B. R. Ward, Goldsboro
1953-1954	W. A. Ward, Swannanoa*
1954-1955	W. L. West, Roseboro*
1955-1956	W. B. Gurley, Windsor *
1956-1957	J. W. Tyson, Greensboro
1957-1958	C. D. Blanton, Kings Mt.*
1958-1959	W. D. Welch, Jr., Washington*
1959-1960	Sam W. McFalls, Greensboro
1960-1961	Edwin R. Fuller, Salisbury
1961-1962	Robert B. Hall, Mocksville
1962-1963	John T. Stevenson, Elizabeth City
1963-1964	Hoy A. Moose, Mt. Pleasant
1964-1965	W. S. Wolfe, Mt. Airy*
1965-1966	W. T. Boone, Ahoskie
1966-1967	C. D. Blanton, Jr., Kings Mt.
1967-1968	S. D. Griffin, Jr., Burlington
1968-1969	James L. Creech, Smithfield
1969-1970	Earl H. Tate, Lenoir
1970-1971	B. Cade Brooks, Fayetteville
1971-1972	John C. Hood, Jr., Kinston
1972-1973	Donald J. Miller, Morganton *
1973-1974	W. Whitaker Moose, Mt. Pleasant
1974-1975	W. H. Wilson, Raleigh
1975-1976	L. Milton Whaley, Durham
1976-1977	Thomas R. Burgiss, Sparta
1977-1978	Eugene W. Hackney, Lumberton
1978-1979	Herman W. Lynch, Dunn
1979-1980	Joe C. Miller, Boone
1980-1981	Jack G. Watts, Burlington
1981-1982	J. Marshall Sasser, Smithfield
1982-1983	Ernest J. Rabil, Winston-Salem

*Deceased



CONGRATULATIONS TO

KATHLEEN D'ACHILLE

on her appointment as Director of Pharmacy for the Winston-Salem Health Care Pharmacy. We are pleased to have been a part in the planning and completion of this pharmacy.

H. Warren Spear R. Ph.
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Statesville, North Carolina 28677
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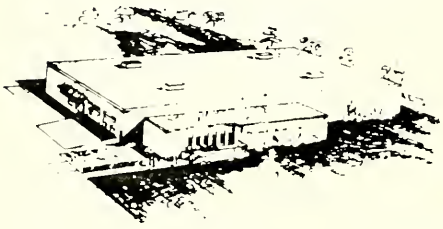

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President

Gordon G. Hamrick
Vice President

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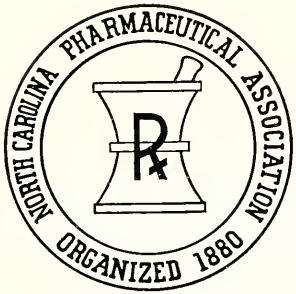
PAST CONVENTION SITES

Raleigh, Senate Chamber	1880 Aug. 11th
Newbern, Masonic Hall	1881 Aug. 9-10
Winston, Opera House	1882 Aug. 9-10
Wilmington, Germania Lodge No. 4	1883 Aug. 8-9
Charlotte, Chamber of Commerce Hall	1884 Aug. 13-14
Greensboro, Central Hotel	1885 Aug. 12-13
Fayetteville, Carolina Club	1886 Aug. 11-12
Asheville, Opera Hall	1887 Aug. 4-5
Goldsboro, Kornegay's Hall	1888 Aug. 8-9
Durham New County Court-House	1889 May 21-22
Morehead City, N. C. Teachers Assembly Hall	1890 July 8-10
Morehead City, N. C. Teachers Assembly Hall	1891 July 8
Raleigh, Hall of Phalanx Lodge	1892 Aug. 10-11
Greensboro, Chamber of Commerce Hall	1893 Aug. 9-10
Asheville, Y.M.C.A. Hall	1894 Sept. 3
Morehead City, N. C. Teachers Assembly Hall	1895 July 10-11
Morehead City, N. C. Teachers Assembly Hall	1896 July 22-23
Raleigh, Manteo Lodge I.O.O.F.	1897 May 12-13
Charlotte, Y.M.C.A. Hall	1898 May 18-19
Durham, Odd Fellow's Hall	1899 May 18-19
Wilmington, Pythian Hall	1900 July 18-19
Winston-Salem, Y.M.C.A. Hall	1901 June 19-20
Morehead City, City Hall	1902 June 19-20
Morehead City, Atlantic Hotel	1903 June 11-12
Asheville, Battery Park Hotel	1904 July 14-15
Morehead City, Atlantic Hotel	1905 June 22-23
Wrightsville Beach, Seashore Hotel	1906 June 14-15
Lake Toxaway, Toxaway Inn	1907 June 13-14
Morehead City, Atlantic Hotel	1908 July 8-10
Greensboro, Benbow Hotel	1909 June 23-25
Charlotte, Selwyn Hotel	1910 June 8-10
Morehead City, Atlantic Hotel	1911 July 12-14
Waynesville, Courthouse	1912 June 26-28
New Bern, Graded School Auditorium	1913 June 11-13
Hendersonville, Court House	1914 June 17-19
Durham, Elks Hall	1915 June 15-17
Wrightsville Beach, Oceanic Hotel	1916 June 20-22
Asheville, Battery Park Hotel	1917 June 19-21
Raleigh, Chamber of Commerce	1918 June 19-21
Wrightsville Beach, Oceanic Hotel	1919 June 24-26
Asheville, Battery Park Hotel	1920 June 22-25
Charlotte, Selwyn Hotel	1921 June 21-23
Winston-Salem, Robert E. Lee Hotel	1922 June 27-29
Greenville, S. C., in conjunction with S. C. PhA. Hotel Imperial	1923 June 26-28
Wrightsville Beach, Oceanic Hotel	1924 June 24-26
Blowing Rock, Mayview Manor	1925 June 23-25
Enroute to & from N. Y. City on an old Dominion Steamship	1926 June 21-25
Greensboro, O. Henry Hotel	1927 June 21-23
Morehead City, Morehead Villa	1926 June 19-21
Asheville, Battery Park Hotel	1929 June 18-20
Raleigh, Sir Walter Hotel	1930 Aug. 11-13
Wrightsville Beach, Oceanic Hotel	1931 June 23-25
High Point, The Sheraton Hotel	1932 June 20-23
Charlotte, The Hotel Charlotte	1933 June 19-22
Durham, The Washington Duke Hotel	1934 June 25-27
Winston-Salem, Hotel Robert E. Lee	1935 May 13-15
Greensboro, O. Henry Hotel	1936 May 12-14
Raleigh, Sir Walter Hotel	1937 May 10-12
Asheville, Battery Park Hotel	1938 June 27-29
High Point, The Hotel Sheraton	1939 May 15-18
Charlotte, Hotel Charlotte	1940 May 21-23
Durham, Washington-Duke Hotel	1941 May 13-15
Winston-Salem, Hotel Robert E. Lee	1942 May 11-13
Greensboro, O. Henry Hotel	1943 May 18-19
Raleigh, Sir Walter Hotel	1944 May 23-24
Convention was cancelled	1945
Asheville, George Vanderbilt Hotel	1946 April 14-16
Charlotte, Hotel Charlotte	1947 April 27-30
Carolina Beach, Hotel Bame	1948 June 8-10
Durham, Washington-Duke Hotel	1949 May 3-5
Asheville, George Vanderbilt Hotel	1950 April 23-26
Pinehurst, Carolina Hotel	1951 May 20-22
Pinehurst, Carolina Hotel	1952 May 21-23
Pinehurst, Carolina Hotel	1953 May 24-26
Winston-Salem, Robert E. Lee Hotel	1954 April 11-13
Greensboro, O. Henry Hotel	1955 May 15-17
Raleigh, Sir Walter Hotel	1956 May 8-10
Charlotte, Hotel Charlotte	1957 May 5-7
Durham, Washington-Duke Hotel	1958 April 13-15
Asheville, George Vanderbilt Hotel	1959 April 19-21
Winston-Salem, Hotel Robert E. Lee	1960 May 8-10
Greensboro, King Cotton Hotel	1961 April 16-18
Raleigh, Sir Walter Hotel	1962 April 8-10
Pinehurst, The Carolina	1963 May 12-14
Charlotte, Queen Charlotte Hotel	1964 April 12-14
Durham, Jack Tar Hotel	1965 May 16-18
Asheville, Battery Park & George Vanderbilt	1966 June 12-14
Winston-Salem, Hotel Robert E. Lee	1967 May 7-9
Greensboro, Statler Hilton Inn	1968 April 7-9
Raleigh, Sherton-Sir Walter Hotel	1969 April 27-29
Charlotte, Coliseum Downtowner Hotel	1970 April 12-14
Durham, Durham Hotel	1971 April 18-20
Wilmington, Timme Plaza	1972 April 16-18
Boone, Continuing Education Center	1973 June 10-13
Pinehurst, Pinehurst Hotel & Country Club	1974 March 24-26
Winston-Salem, Regency Hyatt Hotel	1975 April 13-15
Wilmington, The Wilmington Hotel	1976 April 11-13
Greensboro, Holiday Inn Four Seasons	1977 April 24-26
Asheville, The Great Smokies Hilton	1978 April 16-18
Raleigh, Royal Villa	1979 May 27th
Fly Cruise aboard the Sunward II	May 28-June 1
Raleigh, The Hilton Inn	1980 April 13-15
Charlotte, Radisson Plaza	1981 April 26-29
Winston-Salem, Hyatt House	1982 April 4-6



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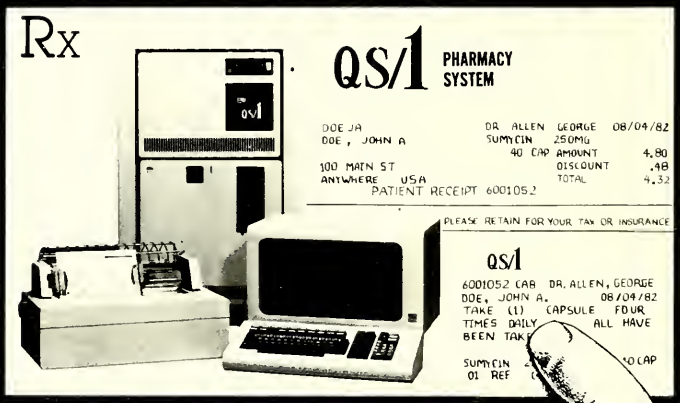

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1007 Rhem St., Kinston 28501

2nd Vice President—Mrs. M. Keith Fearing
P. O. Box 759, Manteo 27954

Recording Secretary—Mrs. L. D. Morse, Jr.
1419 Chester Rd., Raleigh 27608

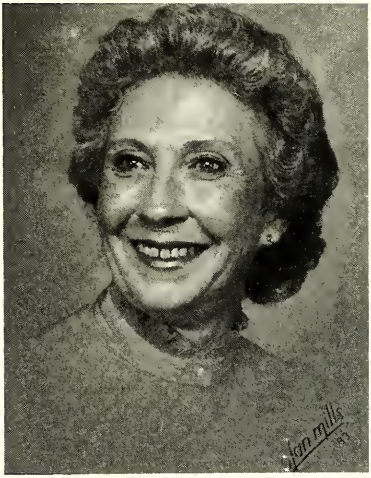
Corresponding Secretary—Mrs. Howard S. Fox
615 Lankashire Rd., Winston-Salem 27106

Treasurer—Mrs. Jack G. Watts
444 Tarleton Ave., Burlington 27215

Historian—Mrs. Larry B. Good
103 Lockwood Dr., Morehead City 28557

Parliamentarian—Mrs. W. P. O'Neal, Jr.
325 Water St., Belhaven 27810

Advisor—Mrs. Romas T. White
3613 Old Post Rd., Raleigh, NC 27609



Mrs. A. C. Dollar
President

Advisor—Mrs. Shelton B. Boyd
PO Box 455, Mt. Olive 28365

Coordinator—Mrs. A. H. Mebane, III
534 Dogwood Dr., Chapel Hill 27514

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Woman's Auxiliary

SUNDAY, JUNE 19

1:00 p.m. Registration Desk Opens
1:00 p.m. Woman's Auxiliary Hospitality Room Opens
1:30 p.m. Woman's Auxiliary Craft Room Opens
4:00 p.m. Awards Session—Broyhill Room #
5:00 p.m. Reception Honoring Award Recipients—Patio
7:30 p.m. *Opening Session Dinner—Guest Speaker, Jeanne Swanner Robertson
Entertainment—Broyhill Room

MONDAY, JUNE 20

8:00 a.m. Registration Desk Opens
8:00 a.m. Woman's Auxiliary Past Presidents Breakfast
9:00 a.m. Woman's Auxiliary Craft Room Opens
10:00 a.m. Buses begin loading for Woman Auxiliary Tours
10:30 a.m. Tour of Frescoes in St. Mary's Church
12:00 a.m. Woman's Auxiliary Luncheon—Shatley Springs Inn
2:00 p.m. Golf—Boone Golf Course
Tennis—ASU Courts
2:00 p.m. NCPhA Workshops
7:30 p.m. *Patio Cook Out
9:00 p.m. Square Dance Holiday Inn Convention Center
10:30 p.m. Ice Box Raid—Holiday Inn Convention Center
Sponsored by NC Wholesalers

TUESDAY, JUNE 21

9:00 a.m. Woman's Auxiliary Coffee—Broyhill III
9:30 a.m. Woman's Auxiliary Business Session—Broyhill III
11:30 a.m. Buses leave for Green Park Inn—Blowing Rock
12:30 p.m. Luncheon—Installation of Officers—Entertainment, Horn in the West Singers
2:00 p.m. Buses Return via Goodwin Guild Weavers to Center
7:00 p.m. Installation Dinner—Drawing of Woman's Auxiliary Beach Cottage Raffle
9:00 p.m. TMA Dance—Music by Burt Massengale Orchestra

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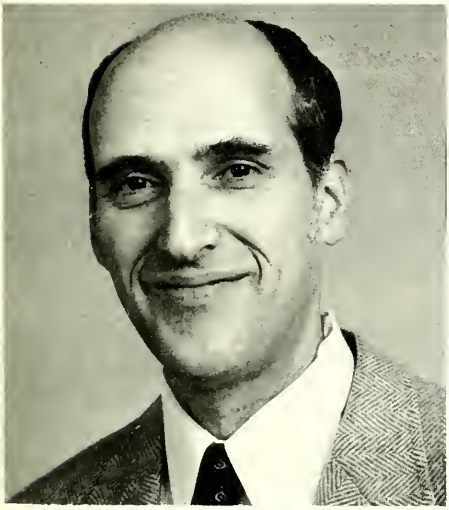
1920	Mrs. F. W. Hancock
1921	Mrs. F. W. Hancock
1922	Mrs. F. W. Hancock
1923	Mrs. F. W. Hancock
1924	Mrs. F. W. Hancock
1925	Mrs. F. W. Hancock
1926-1933	(AUXILIARY INACTIVE)
1934	Mrs. Lloyd Jarrett
1935	Mrs. J. C. Hood
1936	Mrs. D. L. Shreve
1937	Mrs. A. L. Fishel
1938	Mrs. P. A. Hayes
1939	Mrs. I. W. Rose
1940	Mrs. H. P. Watson
1941	Mrs. J. K. Civil
1942	Mrs. C. C. Fordham
1943	Mrs. Phil Gattis
1944	Mrs. C. H. Smith
1945	Mrs. J. C. Jackson
1946	Mrs. J. C. Jackson
1947	Mrs. W. R. Adams
1948	Mrs. Homer Starling
1949	Mrs. M. L. Jacobs
1950	Mrs. W. A. Ward
1951	Mrs. Stephen T. Forrest
1952	Mrs. T. J. Ham, Jr.
1953	Mrs. J. M. Darlington
1954	Mrs. Graham Culbreth
1955	Mrs. Edwin R. Fuller
1956	Mrs. W. P. Brewer
1957	Mrs. P. W. Kendall
1958	Mrs. W. D. Welch, Jr.
1959	Mrs. Ralph P. Rogers
1960	Mrs. Thomas M. Holland
1961	Mrs. F. F. Potter
1962	Mrs. Leslie M. Myers
1963	Mrs. John T. Stevenson
1964	Mrs. David D. Claytor
1965	Mrs. George W. Markham
1966	Mrs. Charles D. Blanton, Jr.
1967	Mrs. James L. Creech
1968	Mrs. William G. Forrest
1969	Mrs. Don K. Chapman
1970	Mrs. William P. Wells
1971	Mrs. W. Grover Creech
1972	Mrs. George H. Cocolas
1973	Mrs. William G. Thames
1974	Mrs. J. R. Hickmon
1975	Mrs. J. Weaver Kirkpatrick
1976	Mrs. Morris E. Hedgepeth
1977	Mrs. L. Milton Whaley
1978	Mrs. Milton K. Skolaut
1979	Mrs. Milton K. Skolaut
1980	Mrs. J. Marshall K. Sasser
1981	Mrs. Shelton B. Boyd
1982	Mrs. Romus T. White, Jr.
1983	Mrs. A. C. Dollar



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Boise, ID 1972-1974

Maurice Q. Bectel, Community Pharmacy
Muskegon, MI,1972-1975

Robert Clifford, Community Pharmacy
Mountain View, CA 1972-1973

John A. Dawson, Jr., Chain Pharmacy
Charlotte, NC, 1972-1974

Kurt Kleinmann, Hospital Pharmacy
New York, NY 1972-1974

Floyd A. Robertson, Community Pharmacy
Lynchburg, VA 1972-1973

Kenneth Pfeiffer, Community Pharmacy
Pensacola, FL, 1972-1975

Joseph H. Beckerman, Hospital Pharmacy
Los Angeles, CA 1973-1975

Dominic J. Cavallo, Chain Pharmacy
Walnut Creek, CA, 1973-1975

Albert E. Rosica, Jr., Community Pharmacy
Cherry Hill, NC, 1974-1976 (deceased '78)

Lawrence C. Weaver, Academia
Minneapolis, MN, 1974-1976

Sam A. McConnell Jr., Community Pharmacy
Scottsdale, AZ 1974-1977

Tom C. Sharp, Jr., Association Executive
Nashville, TN, 1975-1977

Otis Moreland, Chain Pharmacy
Arlington, TX 1975

William H. Hotaling III, Hospital Pharmacy
Washington, DC, 1975-1977

Frederick M. Eckel, Hospital Pharmacy
Chapel Hill, NC, 1976-1979

Don F. Gould, Chain Pharmacy
Mt. Pleasant, MI, 1976-1978

Newell J. Hall, Chain Pharmacy
Indianapolis, IN, 1976-1977

Taylor H. Jobe, Community Pharmacy
Gladewater, TX 1976-1978

John Spicer, Community Pharmacy
Galesburg, MI, 1976-1978

These 39 men and women have or are currently serving as members of The Upjohn Pharmacy Consultant Panels—from 1972 to the present. While they are or have been members of our Panel, their purpose is to represent your point of view. We need their input on a broad variety of pharmacy topics—and ask them many questions. In turn, they tell us like it is...the good and the bad. Their knowledge, their perspectives and straight answers are invaluable in helping us continue to serve you and the profession of pharmacy better.

Benjamin F. Cooper, Academia
Auburn, AL, 1977-1979

Donald W. Arthur, Community Pharmacy
Buffalo, NY, 1977-1979

Donald A. Dee, Association Executive
St. Paul, MN, 1978-1980

Arthur Koorhan, Chain Pharmacy
Detroit, MI, 1978-1980

Nelson E. Taylor, Community Pharmacy
Astoria, OR, 1978-1980

David A. Zilz, Hospital Pharmacy
Madison, WI, 1978-1980

Marianne F. Ivey, Clinical Services
Seattle, WA, 1979-1981

Milton H. Miller, Chain Pharmacy
Little Rock, AR, 1979-1981

Gary M. Thudium, Community Pharmacy
Wichita, KS, 1979-1981

Harland W. Henry, Hospital Pharmacy
Houston, TX, 1980-1982

Joseph Schutte, Community Pharmacy
Louisville, KY, 1980-1982

Harold H. Wolf, Academia
Salt Lake City, UT, 1980-1982

Paul Burkhart, Hospital Pharmacy
Baltimore, MD, 1981-

Martin L. Lambert, Jr., Community Pharmacy
Birmingham, AL, 1981-

Stephen D. Roath, Chain Pharmacy
Walnut Creek, CA, 1981-

Lois M. Sesh, Association Executive
Lansing, MI, 1981-

Lawrence A. Diaz, Community Pharmacy
Gainesville, FL, 1982-

Donald C. Hoscheit, Chain Pharmacy
Oak Brook, IL, 1982-

Marilyn L. Slotfeldt, Clinical Services
Portland, OR, 1982-

Upjohn

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PRESIDENTS
TRAVELING MEMBERS AUXILIARY

C. D. Sedberry, Baltimore, MD	1914-15	W. W. Morton, Durham	1949-50
J. B. O'Bannon, Charlotte	1915-16	G. C. Hartis, Winston-Salem	1950-51
Lambert Kuhn, Atlanta, GA	1916-17	R. H. Brownie, Charlotte	1951-52
H. T. Kershaw, Baltimore, MD	1917-18	W. S. Gibson, Goldsboro	1952-53
James B. Bowers, Richmond, VA	1918-19	R. L. White, Charlotte	1953-54
John Rowe, Conover	1919-20	F. Stanley Perry, Raleigh	1954-55
John L. Taylor, Oxford	1920-21	J. M. Darlington, Winston-Salem	1955-56
Zeb M. Moore, Charlotte	1921-22	Stephen Forrest, Greensboro	1956-57
James W. Coppedge, Raleigh	1922-23	R. C. NeSmith, Raleigh	1957-58
W. L. Phifer, Charlotte	1923-24	Reuben C. Russell, Charlotte	1958-59
M. J. Leimkuhler, Charlotte	1924-25	O. G. Duke, Raleigh	1959-60
R. W. Rowe, Chester, Va.	1925-26	S. Bruce Wingate, Charlotte	1960-61
W. F. Bradburn, Hendersonville	1926-27	R. Leon Kimball	1961-62
Tom Butler, Reidsville	1927-28	W. P. Brewer	1962-63
J. Floyd Goodrich, Durham	1928-29	W. Forrest Matthews	1963-64
L. Sterling Hubbard, Reidsville	1929-30	J. M. Morgan	1964-65
W. McElveen, Charlotte	1930-31	J. A. Wolfe	1965-66
W. A. Burwell, Raleigh	1931-32	Tom Sanders	1966-67
A. D. Pollard, Raleigh	1932-33	Hugh K. Sconyers, Charlotte	1967-68
P. A. Hayes, Greensboro	1933-34	W. H. Worley, Hickory	1968-69
H. M. Gaddy, Charlotte	1934-35	Charles Harold Daniels, Durham	1969-70
H. L. Barns, New Bern	1935-36	C. Rush Hamrick, Jr.	1970-71
H. L. Hitchcock, Winston-Salem	1936-37	L. D. Davidson, Sr.	1971-72
D. L. Shreve, Greensboro	1937-38	Zack W. Lyon, Durham	1972-73
J. F. Needly, Raleigh	1938-39	J. R. (Bob) Case, Charlotte	1973-74
J. W. Bennick, Charlotte	1939-40	Canie B. Smith, Asheville	1974-75
C. H. Smith, Charlotte	1940-41	Raymond L. Black, Kernersville	1975-76
N. B. Moury, Greensboro	1941-42	W. F. Elmore, Wilmington	1976-77
L. J. Loveland, Durham	1942-43	Roland G. Thomas, Charlotte	1977-78
A. T. Lewallen, Greensboro	1943-44	W. H. Andrews, Winston-Salem	1978-79
M. G. Morris, Greensboro	1944-45	Horace J. Lewis, Raleigh	1979-80
M. G. Morris, Greensboro	1945-46	Charles L. Kimball, Fayetteville	1980-81
Joe L. Wear, Charlotte	1946-47	Leonard G. Phillips, Atlanta	1981-82
F. F. Potter, Charlotte	1947-48	C. Rush (Rusty) Hamrick, III, Shelby	1982-83
C. E. Davis, Winston-Salem	1948-49		

WHAT'S HAPPENING WITH YOU

Do you have a new pharmacy, job or location? Do you have a new member on your staff or even your family? Have you been working in your community or with any special projects? Are you a community or organization leader or participant?

If so, let us know. By way of the Journal, we want to tell the members of the North Carolina Pharmaceutical Association what their fellow pharmacists are doing. Please complete the form provided below and mail it to the North Carolina Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. We are looking forward to hearing from each of you!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR NEWS:

TRAVELING MEMBER'S AUXILIARY OFFICERS 1982-83

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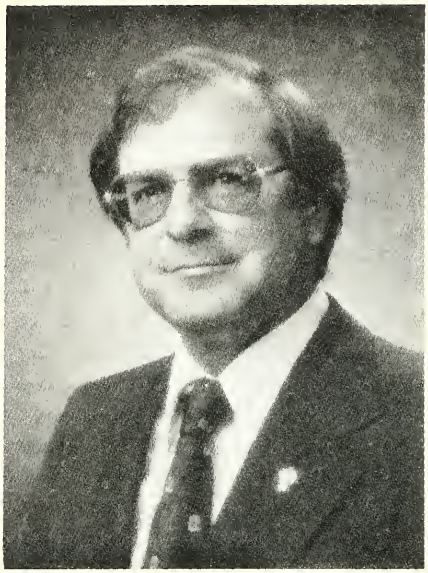

C. Rush Hamrick III
President TMA

SUNDAY, JUNE 19, 1983

1:00 p.m.	REGISTRATION DESK OPENS—Cannon Hall
4:00 p.m.	Awards Session—Broyhill I
7:30 p.m.	*Opening Session Dinner—Broyhill Ballroom

MONDAY, JUNE 20, 1983

8:00 a.m.	REGISTRATION DESK OPENS—Cannon Hall
8:00 a.m.	TMA Foundation Breakfast
	Golf Tournament—Boone Golf Course
	Tennis Tournament—ASU Courts
7:30 p.m.	*Patio Cook-Out—Center for Continuing Education
9:00 p.m.	Square Dance—Holiday Inn Convention Center
10:30 p.m.	Ice Box Raid—Holiday Inn Convention Center
	Sponsored by the North Carolina Drug Wholesalers
	W. H. Andrews, Entertainment Chairman

TUESDAY, JUNE 21, 1983

8:00 a.m.	REGISTRATION DESK OPENS—Cannon Hall
11:00 a.m.	TMA Business Session—Broyhill III
7:00 p.m.	*Installation Dinner—Broyhill Ballroom
9:00 p.m.	TMA Dance, Music by Burt Massengale and his Orchestra—Broyhill Ballroom

**Reservations through the NCPhA Office or Registration Desk*

All TMA members are cordially invited to attend the NCPhA Business Sessions and workshops

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1949—Clyde Eubanks, Chapel Hill (deceased)
1950—Julius Albert Suttle, Shelby (deceased)
1951—Elbert Clifton Daniel, Zebulon (deceased)
1952—Charles M. Andrews, Burlington (deceased)
1953—John Cogdell Hood, Kinston (deceased)
1954—Kelly E. Bennett, Bryson City (deceased)
1955—Robert Royal Copeland, Ahoskie (deceased)
1956—Wade Axom Gilliam, Winston-Salem
1957—Waits Artemus Ward, Swannanoa (deceased)
1958—William Burden Gurley, Windsor (deceased)
1959—Wilbur Latham West, Roseboro (deceased)
1960—Roger Atkinson McDuffie, Greensboro (deceased)
1961—Jasper Carlton Jackson, Lumberton
1962—Thomas Jones Hamm, Jr., Yanceyville (deceased)
1963—William S. Wolfe, Mount Airy (deceased)
1964—William Dorsey Welch, Jr., Washington (deceased)
1965—Rowe B. Campbell, Taylorsville (deceased)
1966—Alfred Newman Martin, Roanoke Rapids (deceased)
1967—I. Thomas Reamer, Durham
1968—John Thomas Stevenson, Elizabeth City
1969—Hoy A. Moose, Mount Pleasant
1970—Bernard Rudolph Ward, Goldsboro
1971—Robert Buckner Hall, Mocksville
1972—John T. Henley, Hope Mills
1973—June Bush Provo & Jean Bush West, Raleigh
1974—Edwin Rudolph Fuller, Salisbury
1975—Jesse M. Pike, Concord
1976—B. Cade Brooks, Fayetteville
1977—David R. Davis, Williamston (deceased)
1978—James Leonard Creech, Smithfield
1979—Gilbert Clyde Hartis, Winston-Salem
1980—Ralph P. Rogers, Jr., Durham
1981—Harold Vann Day, Spruce Pine
1982—W. Thomas Boone, Ahoskie

DON BLANTON AWARD

1966—Robert B. Hall, Mocksville
1967—John T. Henley, Hope Mills
1968—James W. Harrison, Asheville
1969—W. J. Smith, Chapel Hill
1970—Jesse Miller Pike, Concord
1971—Walter Saunders, Greensboro
1972—Frank F. Yarborough, Raleigh
1973—Charles Michael Whitehead, Ramseur
1974—Steven R. Moore, Chapel Hill
1975—Claude U. Paoloni, Chapel Hill
1976—H. C. McAllister, Chapel Hill
1977—LeRoy D. Werley, Chapel Hill
1978—Milton W. Skolaut, Chapel Hill
1979—Tom S. Miya, Chapel Hill
1980—Rex Paramore, Nashville
1981—William H. Randall, Jr., Lillington
1982—W. Robert Bizzell, Kinston

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North Carolina Pharmaceutical Association

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Winston-Salem, NC 27102
Telephone 919/723-8811

Pilot Life

BOWL OF HYGEIA AWARD

1959—Harold Vann Day, Spruce Pine
1960—Ralph P. Rogers, Jr., Durham
1961—William H. Randall, Lillington
1962—Charles D. Blanton, Jr., Kings Mountain
1963—David R. Davis, Williamston (deceased)
1964—John T. Henley, Hope Mills
1965—Jesse Miller Pike, Concord
1966—John E. Mills, Mount Airy
1967—William Whitaker Moose, Mount Pleasant
1968—Roger H. Sloop, Rural Hall
1969—Thomas Reeves Burgiss, Sparta
1970—Marsha Hood Brewer, Pink Hill
1971—Edwin R. Fuller, Salisbury
1972—Lloyd Milton Whaley, Wallace
1973—Lloyd M. Senter, Carrboro
1974—James R. Creech, Smithfield
1975—B. Cade Brooks, Fayetteville
1976—W. Prentiss O'Neal, Belhaven (deceased)
1977—Kenneth Edwards, Stantonsburg
1978—Barney Paul Woodard, Princeton
1979—Richard Homer Andrews, Burlington
1980—Evelyn P. Lloyd, Hillsborough
1981—James C. Gabriel, Troutman
1982—Eugene W. Hackney, Lumberton

CONVENTION CONTRIBUTORS

Programs of Continuing Education are necessary for the NCPhA Convention to be successful. We are proud to recognize and thank the following companies for substantial contributions to these programs and for sponsoring speakers.

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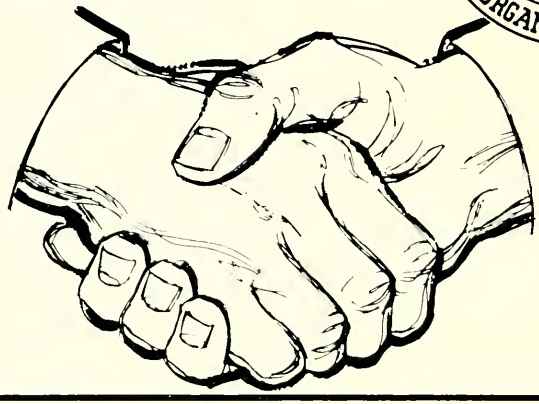

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BURROUGHS WELLCOME CO. NAMES NEW VICE PRESIDENT AND AN ACTING DIRECTOR OF MARKETING

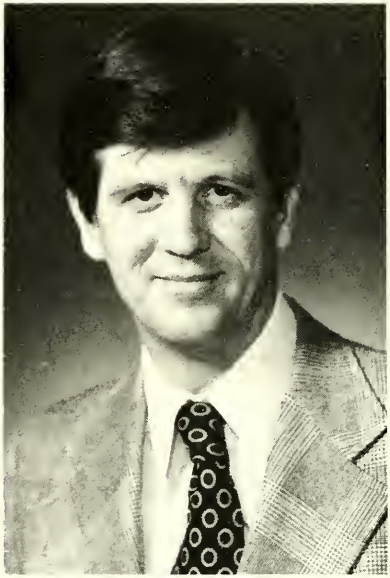
Research Triangle Park, NC—Burroughs Wellcome Co. has named a new corporate vice president and an acting director of marketing.

Philip R. Tracy, secretary and general counsel, has been named a vice president of the company. Tracy joined Burroughs Wellcome Co. as assistant general counsel in 1974 and became associate general counsel and secretary in 1981. He is responsible for the operations of the legal department. Tracy graduated from the University of Nebraska in 1963 and the George Washington University Law School in 1966. A native of Columbus, Neb., Tracy was associated with the law firm of Steptoe & Johnson in Washington, D. C. from 1969 to 1974. He resides in Raleigh, N. C.

J. Douglas Reiff has been appointed acting director of marketing. Reiff joined the company as a sales representative in 1964 after graduating from Florida State University with a B.S. degree in marketing. He has served as a district and regional sales manager in the field, as sales administration manager at corporate headquarters, and most recently as marketing service manager. Reiff is a Raleigh resident.

The company has also announced the promotion of Barbara Whispel to assistant to the Chairman of the Board and President, William M. Sullivan. Whispel received an associate in applied sciences degree from Corning Community College, Corning, N. Y. and a B.S. degree in business administration from Elmira College, Elmira, N. Y. She joined the company in September 1976 and is a Cary resident.

Burroughs Wellcome Co. researches, develops and manufactures pharmaceutical products for human and animal use. The company's corporate headquarters and research laboratories are in Research Triangle Park, N. C.



Philip R. Tracy

Doug Reitt

CAPSULES ARE PREFERRED WAY TO TAKE SOLID MEDICATION

Capsules remain the preferred way to take solid, oral medication, according to an independent consumer survey conducted for Capsugel, division of Warner-Lambert Company.

The survey, among 1,006 consumers and based on the national averages for age and sex groups, was conducted in late January and early February. It showed that 54 per cent preferred their medication in capsule form, 29 percent in coated tablets, 13 percent in uncoated tablets and four percent had no preference.

Capsule preference increased 10 percentage points, 22 percent, from the firm's 1976 survey, which showed 44 percent preferring capsules; 26 percent, coated tablets; 13 percent, uncoated tablets, and 17 percent, no preference.

"Despite the tampering incidents of last fall, the survey shows the consumer continues to prefer medication enclosed in a capsule," said Steven A. Roberts, marketing director for Capsugel, North America, the world's largest producer of empty gelatin capsules for sale to pharmaceutical companies.

Consumers cited as reasons for preferring capsules the fact that there is no aftertaste, they are high in quality and are the choice of physicians. Uncoated tablets ranked lowest on all characteristics except working quickly and price.

The survey found that form preference does not vary by age. However, the degree of preference varies according to the age of the consumer.

Sixty-five percent of the 18-to-24 year olds prefer capsules. Three other age brackets were in the 51-55 percent preference range. The peak for coated tablets was in the 35-to-54 year old group where 34 percent preferred this form. Older consumers—55 and over—are more likely to have "no preference."

Slightly more women prefer capsules than do men—58 percent for females compared to 50 percent for males.

An analysis of the survey showed that capsules retain the largest share (39 percent) of preference even with the introduction of a price differential. After price is associated with each form, both coated (34 percent) and uncoated (26 percent) have more people preferring them than at the unpriced level.

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JOHNSTON COUNTY PHARMACEUTICAL SOCIETY

The Johnson County Pharmaceutical Society held its quarterly meeting at the Golden Corral Restaurant in Smithfield on Wednesday, March 16th. In this meeting the Society, under new Chairman Jack Austin, Jr., endorsed continuing education for all its pharmacists and appointed Mary Lou Williford as Continuing Education Chairman. This move was unanimously approved by all members present.

Ben Pell and Tina Shirley were appointed as By-Laws Committee to update our By-Laws and submit these for approval at our next meeting.

Kay Carroll was appointed as Chairman of a Committee to plan a Social for pharmacists and doctors and spouses to be held in June.

Carlyle Woodard
Secretary-Treasurer

THE GUILFORD COUNTY SOCIETY OF PHARMACISTS

The regular monthly meeting of the Guilford County Society of Pharmacists was held Tuesday, March 8th at 8:00 pm in the AHEC conference room at Moses Cone Hospital. A large turnout heard J. Herbert Patterson, Pharm.D. on the faculty at UNC School of Pharmacy, discuss "Current Concepts in Angina Therapy." A very informative program.

Following the program, there was a very short business session, then the meeting was adjourned.

J. Frank Burton,
Secretary-Treasurer

'SCUSE US

The photos in the previous issue (February) of Dr. Gary George Liversidge, new faculty member at the UNC School of Pharmacy, and John S. Braswell, new Syntex representative in the Rocky Mount area, were accidentally reversed.

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met March 8, 1983 at the home of Mrs. Roy Moss, 2701 Sandy Porter Road for the Annual "Fun Day." Chairperson for the "Fun Day" was Mrs. Jesse Oxendine; Co-chairperson, Mrs. Floyd Potter. The committee members were Mrs. Roy Moss, Mrs. Clarence Smith and Mrs. James Harrelson.

On arrival, punch was served to members and guests by Mrs. Potter. Beautiful arrangements of spring flowers decorated the tables.

Guests were Mrs. A. C. Dollar, Winston-Salem, Woman's Auxiliary State President, Mrs. Howard Fox, Winston-Salem, State Corresponding Secretary, the auxiliary's scholarship recipient, Gloria Velasques and her mother and a prospective new member, Susan Bomza. Guests and members were welcomed by Mrs. Leslie Davis, President.

The devotion was given by Mrs. Leslie Barnhardt. We were served a delicious box lunch. The door prize went to Mrs. Adrian Galloway.

The meeting was adjourned after thanking the hostesses for a great "Fun Day."

Mrs. Ralph W. Smith, Jr.
Corresponding Secretary

NORTH CAROLINA STUDENT IN DHHS AWARD FINALS

"Healthy Aging Public Awareness Campaign," a paper submitted by Mrs. Donna Tidwell of the University of North Carolina at Chapel Hill School of Pharmacy was selected by the Federation of Associations of Schools of the Health Professions as one of seventeen semi-finalists in the U. S. Department of Health and Human Services Secretary's Award Program for Innovations in Health Promotion and Disease Prevention. Three finalists will be chosen by the Department and each will receive a certificate and cash award from Secretary Margaret Heckler. Abstracts of all seventeen semi-finalists winners' papers will be published in a special supplement to *Public Health Reports*, the official journal of the U. S. Public Health Service.

STATE BOARD OF PHARMACY

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William Jason Huff
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Bernard Edward May
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Licensed February 22, 1983
Sheree Elaine Laney
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Betty Michell Murphy
Texas

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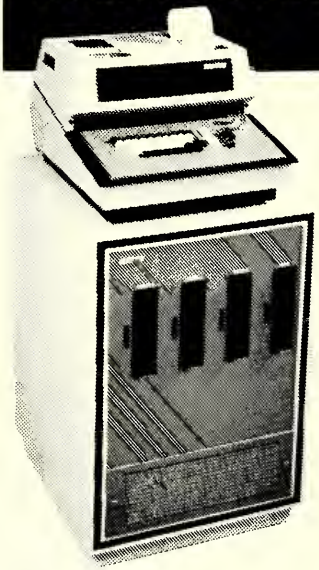

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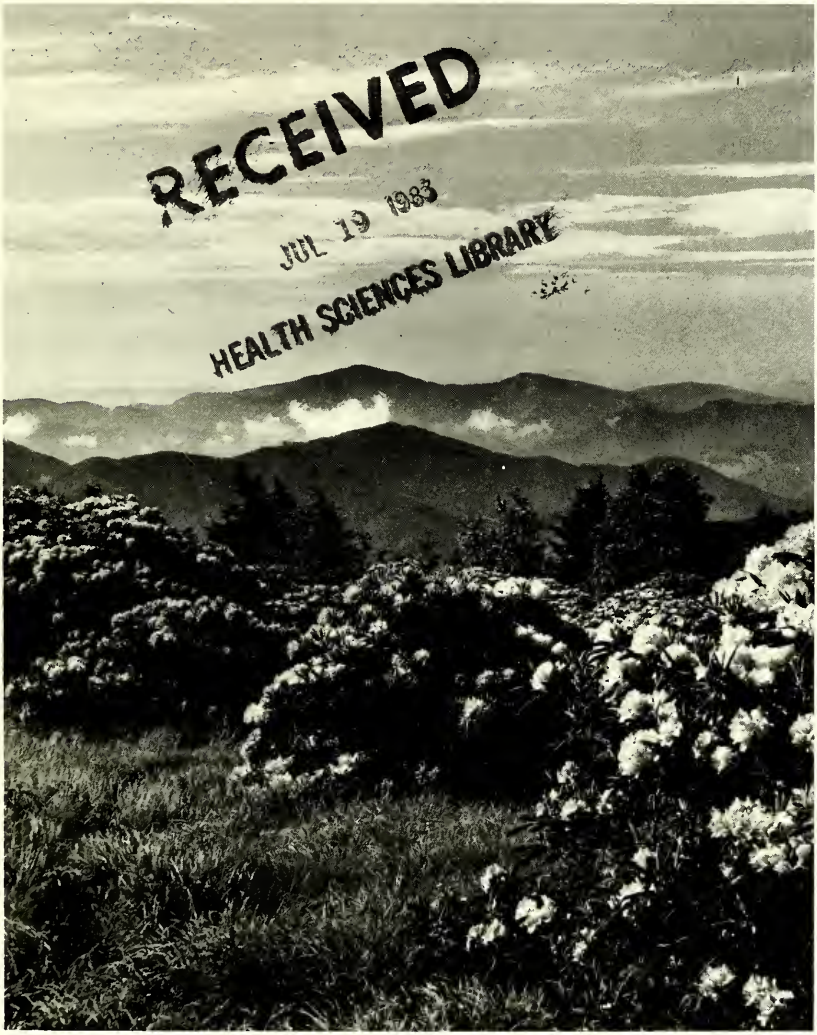

Rhododendron blooms in June on 6,200 foot Roan Mountain in Pisgah National Forest near Bakersville, North Carolina.

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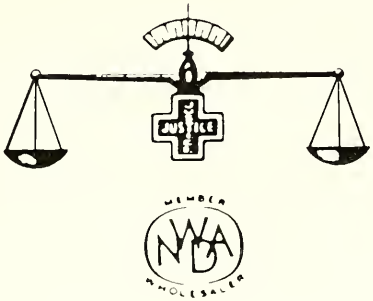

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July, 1983

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

SCHOOL OF PHARMACY COMMENCEMENT ADDRESS

May 15, 1983

Eugene S. Mayer, M.D., *AHEC Director*

Dean Miya, Distinguished Guests, Friends, Parents, Members of the Faculty, Honored Graduates:

What a wonderful accomplishment we celebrate today. The completion of five years of hard work and the receipt of the Bachelor's of Science Degree in Pharmacy for 153 of you and the completion of at least one additional year and the receipt of the Doctor of Pharmacy Degree for another five of you who, by the way, are the first to receive this degree from this School. Congratulations to each of you and congratulations as well to those in your families who helped make it possible for you to attend this fine University and to all in the audience who persevered with you as you progressed from course to course and from year to year in a very rigorous and demanding program.

But enough of the past. Graduation is for the future and those of you who graduate today are our future. The roles with which you go forth are complicated roles. You will become husbands/wives, mothers/fathers, citizens, and civic leaders. You also go forward as alumni of your college of pharmacy and as new members of a health profession. *However, a major challenge with which you go forth is that requiring you to develop your role as a professional.* Becoming a professional is infinitely more difficult than joining a profession as a new graduate—it takes more than 5 or 6 years. It takes a lifetime and there are few, if any, additional ceremonies to help keep you on track. It is this idea of becoming a professional that I would like to develop as my theme today.

Think with me for a moment about the meaning of the word professional. Can you list *at least three* characteristics of a professional? I expect that all of you would say that one characteristic of a professional is to have mastered a certain body of knowledge. Some of you may also say that a professional is one who dedicates his or her career to a form of practice that meets standards set by one's peers. But how many of you added to the list that a professional is one who makes a commitment to self-motivated, life-long learning, and if possible, to helping to educate and train those who will follow as future entrants to the profession.

The need to develop these characteristics of a professional place a heavy responsibility *and* many opportunities before each of you graduating today. But note, I said responsibility *and* opportunity. I did not say that they place a heavy burden before you, as the need to meet the standards required to become and to continue to be a professional become a burden only when they are neglected.

Your years in the School of Pharmacy have prepared you to begin to meet these standards. You possess a significant fund of knowledge. You have some understanding of pharmacy practice. You have experimented with various forms of study and learning. You have learned something about your own strengths and weaknesses as pharmacists and as human beings. Most importantly, you have begun to learn how to deal with people needing your professional services.

You are well on the road to becoming a complete professional if you have been humbled by your interactions with those who need your professional help. If you leave this lovely campus today with an appreciation of how much more you still have to learn about pharmaceuticals and pharmacology, about communication with people, and about interaction with colleagues and other health professionals, and if you are prepared to keep learning, you will be well on your way to fulfilling the challenges for professional development inherent in the receipt of your degree.

And the challenges before you are more difficult than those which were placed before those who preceded you. The world of health care delivery is undergoing changes that are nothing short of revolutionary. In my own profession of medicine, there is little likelihood that the dominant forms of medical practice in the 1990s will in any way resemble those of the 1970s. The changes are happening rapidly. Corporate practice and the end of solo practice; prospective payment and the end of fee for service; peer review and the end of independence; the intensification of competition that risks pitting professionals against

each other, and professionals against hospitals and other service institutions; each of these trends challenges basic assumptions with which we have been raised and together they suggest a rapidly changing world of practice.

How will the practice of your profession of pharmacy be influenced by these changes in the broad arena called the health care delivery system, changes which simply mirror the changing character of our society and its socioeconomic underpinnings? We already know that today's pharmacist is quite different from yesterday's. Computerized patient records, patient education services, in-hospital clinical consultations are examples of the differences. I wish I had the answer about future forms of pharmacy practice for you but I can only raise the question. I can, however, say with some certainty that if you rise to meet the standards of a professional, you will be in the best possible position to meet the needs of the community, to help shape the patterns of health care practice in your community, and, where necessary, to remain competitive through adaptation of your own practice.

Of particular importance in your efforts to maintain professional standards is to have foremost in your mind that those who use your services are people. Too often busy health professionals slip into thinking of people as cases or as units of service. As pharmacists, you will have a particularly visible role in the community and you will have a golden opportunity to deal with those who use your professional services as people. Often you will be the health professional who has to overcome the negativity caused by other health professionals who have failed to recognize the patient as a person.

Your education at this School of Pharmacy has given you broad exposure to pharmacy practice and to various professional points of view. You have had significant exposure to the finest faculty in academic pharmacy and you have had some exposure to faculty in other health professional schools. In addition, you have had externships away from Chapel Hill where you have learned from a small number of full-time clinical pharmacy faculty at the Area Health Education Centers. You also have had significant exposure to pharmacists in community pharmacies and in community hospitals who have given of their time to help you observe and analyze pharmacy practice from a point of view which is complementary to that demonstrated by yosr faculty in Chapel Hill. In fact, it is my understanding that no other school of pharmacy in our nation has made as strong a commitment to community based education and to community based faculty. I am proud of this accomplishment and I hope you share my pride.

In my remarks, I have made several references to the faculty in Chapel Hill and in communities throughout North Carolina who have contributed to your education. Have you ever stopped to think about your faculty and about what they demonstrate with respect to how a professional keeps up to date? For those full-time faculty in Chapel Hill, the answer is fairly obvious as they are visibly teachers and scholars and active in professional associations. But how about those men and women who served as practitioners/instructors during your rotations to communities throughout North Carolina through the Area Health Education Centers Program. They keep up to date by reading, by interactions with peers and other health professionals, by listening to those who benefit from their services, and by teaching. Yes, while you were studying hard in the community, you were also serving as a vehicle by which the community pharmacist who served as your teacher help keep up to date.

Just think of the number of questions you asked and the number of times these questions made the practitioner/instructor nervous. A bit of nervousness is good for a professional. It forces us to look things up, to keep learning, and to deliver a higher quality service. I am also proud of those community pharmacists who are willing to take some risks, to expose themselves professionally, in order to teach future pharmacists.

Although today is a day to celebrate those who are graduating, it is also a day to acknowledge and to celebrate those who are forever keeping up to date with the standards of their profession and especially those who do so, in part, by teaching. This is particularly true for those in community practice who could have more time for family, for recreation, for business, or for other pursuits, if they did not voluntarily offer to teach.

How many of you will follow the lead of

(continued on next page)

those in the community who have made such a contribution to your own development and who are better for having done so?

The opportunity to make an address at a commencement ceremony is a very special one and I have been humbled by the challenge that has come from trying to impart a degree of insight that has come from my own attempts to become a professional since I received my professional degree in 1964.

If my experience is any guide, the road ahead is bumpy and you will find dead ends and U-turns. If you are like me, you will have a few professional fender benders and, on occasion, you may even wonder why you ever bothered to become a professional or if it is worth the struggle to maintain professional standards. But I can also attest to the fact that striving to be the best you can be in service to your community, your family, and to yourself has a way of straightening out the curves in the road. Nothing is more exciting than serving the biologic and psychologic needs of people. As pharmacists, you will do precisely this. You have every opportunity to have magnificent careers in a variety of settings. But, develop these careers as true professionals by always striving to be better than you were the year before.

Good luck to each of you and may God grant each of you the capacity for a full and productive life of service to our fellow men and women.

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J. T. MOORE HONORED AT SOUTHWESTERN SCHOOL OF PHARMACY

J. T. Moore, Durham pharmacist and former chief of pharmacy services, VA Hospital, Durham was honored on May 6th at his alma mater, Southwestern Oklahoma State University School of Pharmacy in Weatherford, Oklahoma, for being its first pharmacy graduate. There were only two graduates of the school that first year and somehow Moore received his diploma before Mr. Miller who should have been first, alphabetically.

How this happened is uncertain. Perhaps the dean lost his place while reading the names . . . or perhaps one candidate was eager and stepped across the stage out of order and to avoid embarrassment his name was read. With two in the class, both of these explanations seem unlikely.

Probably Moore was called first based on his academic achievement. He was an excellent student and received the highest grades recorded by the Oklahoma State Pharmacy Board Examinations. Moore recalls there may have been seating confusion. Miller, the other graduate, is no longer alive to give his version. Sadly, no one else remembers.

Recently retired, Moore has never been bored a minute by his career choice. He worked in a drug store throughout his high school days and remembers it as a great place for girl watching. He says he was not motivated to pursue a career in pharmacy based strictly for humanitarian reasons.

Born in Cheyenne, Oklahoma, he transferred to Southwestern from Oklahoma State University in 1937. He remembers all classes were taught by two men in the lower half basement of the old science building, and that the students and teachers were a "real close-knit group of people." His social life consisted of dancing in front of the fountain at Ratcliffe's book store, going to the Blue Bird Cafe and putting nickels in the nickelodeon.

Shortly after graduation, Moore worked about six months for Crown Drug in Chukasha and Lawton prior to joining the Navy for four years in 1942. After his discharge, he was a partner in Boone Drug in Sentinel for seven years before going to Portland, Oregon, where he went into retail business by himself. Moore has been associated with the Veterans Administration Hospital system for the past 17 years, having first worked in Danville, Illinois and later in Durham, where he was chief of pharmacy services.

Moore met his wife, a native of South Dakota, in Washington during World War II. He is very proud of his three children. His son and son-in-law are attorneys; one daughter works for Mattel Toy Company; another son-in-law is an engineer for a North Carolina power and light company; and one daughter is a homemaker. In 1969 Moore was inducted into the North Carolina Academy of Pharmacy and has been active in many inservice training programs and serves on countless VA hospital committees.

For the curious who want to know what his initials "J. T." stand for, they will have to remain curious, says Moore. His initials are said to stand for "sissy names" that even a brawny kid raised in cowboy country would not want mentioned in adult company for fear the other boys would laugh.

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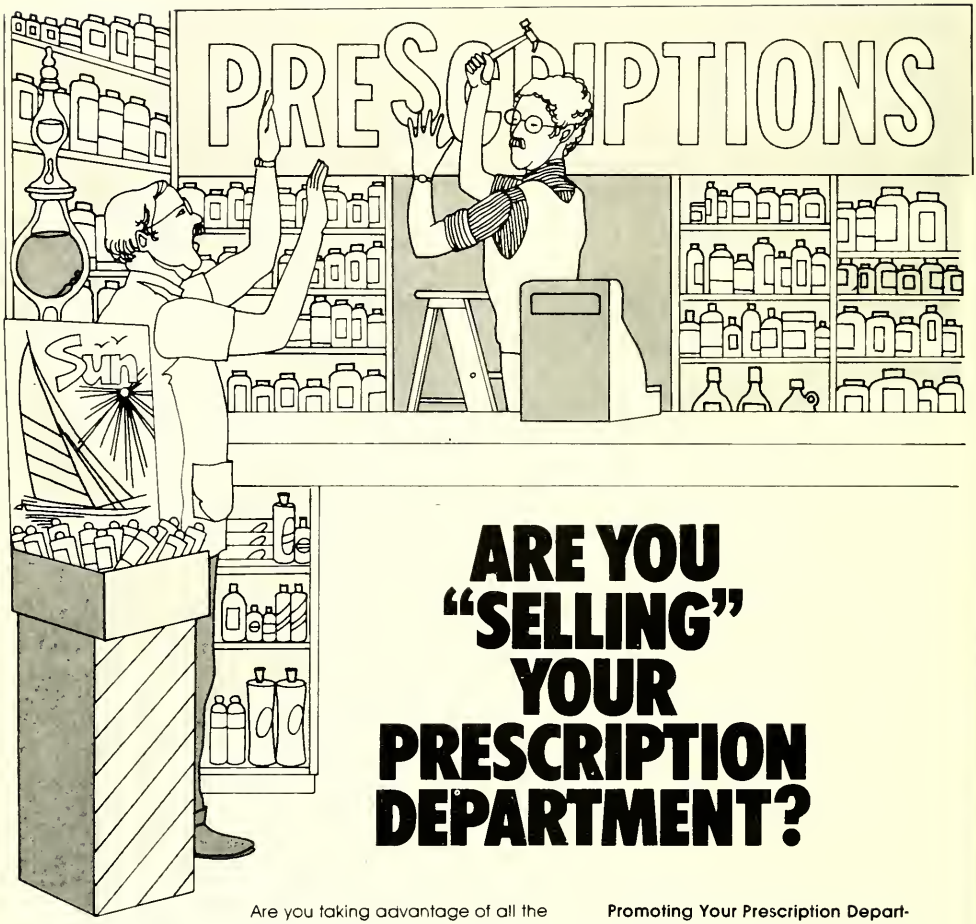

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Gigi Strunk Frederick
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Stephen Brian Gentry
Winston-Salem

Donna Kay Gibson
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*David Lynn Griffin
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(continued on next page)

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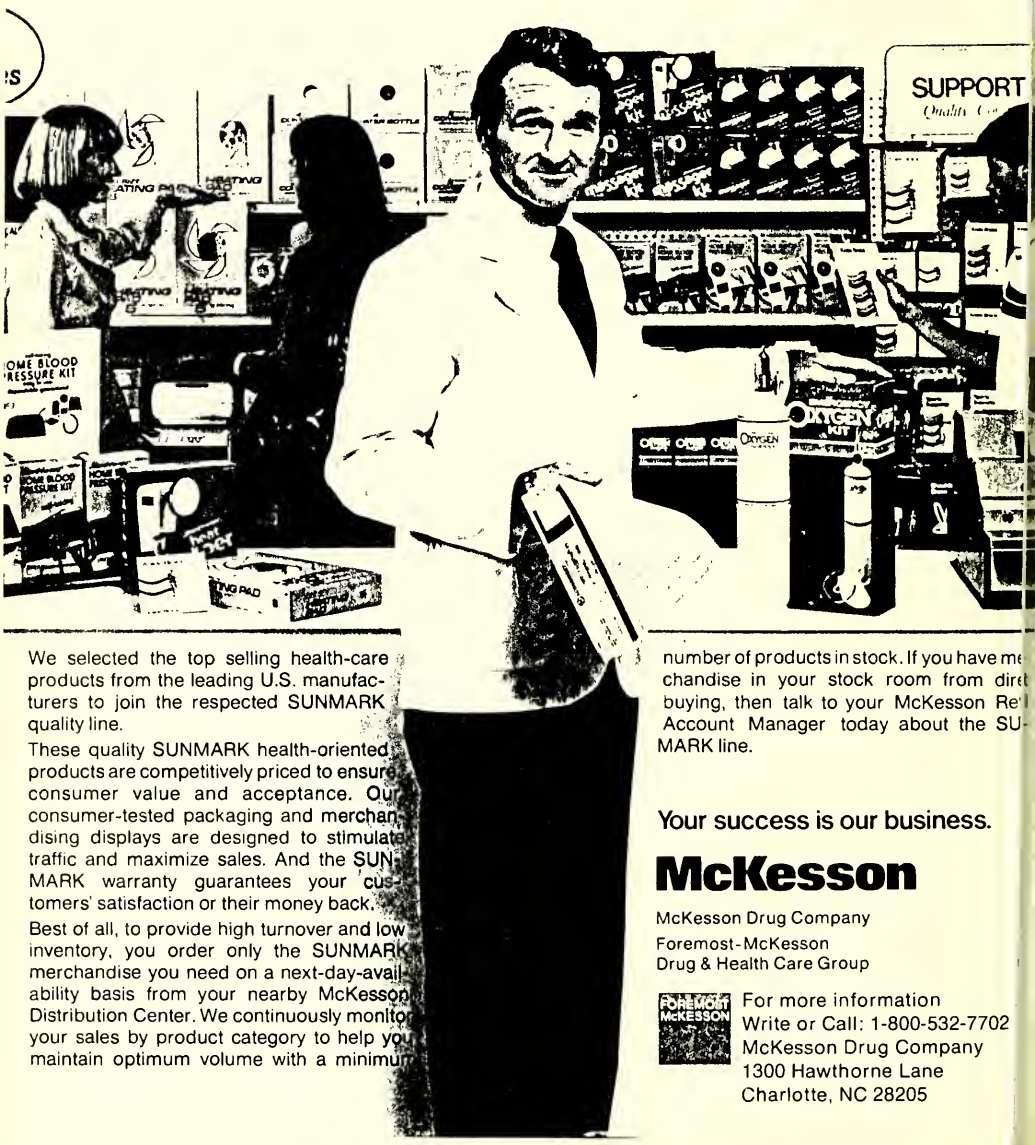

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*Member of Rho Chi, Pharmacy Honor Society

PHARMACY SCHOOL GRADUATES FIRST PHARM.D. STUDENTS

The first graduates of the UNC School of Pharmacy's doctor of pharmacy program received their degrees Sunday, May 15, 1983. Five students completed the Pharm.D. program. They are: Deborah Jean Cartwright, Claymont, Delaware; Emily W. Cate, Nashville, Tennessee; Eula Mae Daniel, Oxford; Steven Casey Laizure, Charlotte; and Janice Laird Parry, Cary.

The Pharm.D. graduates were honored at a recent awards dinner, when Cate received the Sandoz Doctor of Pharmacy Award for academic performance, professional attitude and excellence in the provision of clinical pharmaceutical care. Larry J. Hak, associate professor of pharmacy practice, received the Instructor of the Year Award from the first class of graduates.

FOREMOST-McKESSON PLANS TO CHANGE CORPORATE NAME

SAN FRANCISCO—Foremost-McKesson plans to change its name to McKesson Corp., subject to the approval of its shareholders at the company's annual meeting in San Francisco on July 27. The decision was made after the company sold Foremost Dairies last December.

The name change is a result of the company's increasing concentration on its distribution businesses. All of these bear the name McKesson, including McKesson Drug Co., McKesson Chemical Co., and McKesson Wine & Spirits Co. These companies account for about 85% of the firm's $4 billion in annual revenues.

Foremost-McKesson is the nation's largest distributor of drugs, and the company is actively seeking acquisitions in this area, according to Thomas Drohan, president.

Thanks, Auburn University

School of Pharmacy
Auburn, Alabama

These young people recently spent a very full day at Abbott, touching bases in research, development and production.

Many of them were impressed—and said so—with the hundreds of steps and precautions taken to assure a top-quality product.

We were impressed, too—with them.

They were bright, curious, professional and very excited about their careers.

It was a good day. And one way we know of starting—and keeping—a dialogue.

3063493B

CONSUMERS WILLING TO PAY PHARMACISTS FOR CLINICAL SERVICES

A significant proportion of the American public is now willing to pay pharmacists for clinical services, including private consultation, medication monitoring, and house calls, according to preliminary results from the first national survey undertaken to assess consumer attitudes on pharmacists' clinical services.

The preliminary findings from the national cross-sectional telephone survey were presented today by John M. Boyle, PhD, vice president for Washington operations, Louis Harris and Associates, Inc., at the American Pharmaceutical Association's Annual Meeting in New Orleans.

APhA's Academy of Pharmacy Practice Section on Clinical Practice commissioned the nationally recognized pollsters, Louis Harris and Associates, Inc. to conduct the survey. Survey participants were asked five questions on their feelings about reimbursing pharmacists for clinical services.

Speaking before the Section on Clinical Pharmacy, Boyle revealed that 57% of the 1,254 respondents said they would be willing to pay their pharmacist for not filling a prescription that the pharmacist felt was inappropriate for them.

Thirty-nine percent said they would be willing to pay a pharmacist to keep up-to-date records of all their medications, to consult with their physicians, and to monitor their medical conditions, including taking their blood pressure if necessary before dispensing each refilled prescription. When asked how much they would pay for these services, 32% of all respondents said they would pay more than $5.00, and 12% would pay $20.00 or more.

One of the most interesting findings of the survey was that respondents were evenly split on whether they would consult a pharmacist or physician about treatment of minor problems such as a cold, skin rash, poison ivy, constipation, diarrhea, or acne; 39% were willing to pay the pharmacist a consultation fee of $10.00 for advice on treating these complaints while an equal percentage said they were willing to pay $35.00 to a physician for their information.

Thirty-one percent of the respondents indicated a willingness to pay for a private consultation with the pharmacist to discuss their prescription medications; 20% of all respondents were willing to pay $5.00 or more while 12% said they would pay $10.00 or more.

Attitudes toward pharmacists making home visits were also obtained. Forty-five percent of respondents said they would pay a pharmacist to come to their home to consult with them about their medications. Of these, approximately half said that a charge of at least $20.00 per house call would be reasonable.

A surprising finding was the greater interest in these services among younger people than among the elderly. For example, 61% of respondents between 18-29 years of age expressed interest in and were willing to pay for pharmacist house calls. In contrast, only 27% of those age 65 or older were interested.

"Given the greater health concerns and the greater likelihood of needing prescription services, we had expected a higher approval rate among the older segments of the public. Particularly, we thought the concept of the pharmacist's house call would be attractive to older Americans. In point of fact, the interest in pharmacist house calls diminishes with age," Boyle said.

(continued on page 17)

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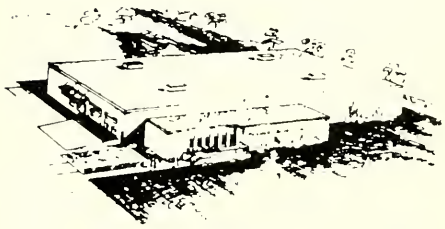

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Clinical Services

Overall, it seems that initial public reaction to clinical pharmacy reimbursement is quite positive. Although those willing to pay for these clinical services were almost invariably a minority rather than a majority, it is usually a fairly sizable minority.

"There is absolutely no reason to expect majority approval for paying for services that many people may have never considered before or may have considered as part of the expected service of pharmacies," Boyle said at the meeting.

The preliminary findings hint at a very receptive, if complex, market for pharmacists' clinical services. Boyle concluded that "it is clear that the potential demand for health information and services is extraordinary. Pharmacists, with their expertise, visibility in the community, and ease of access, are in a very good position to meet some of this demand."

The consumer survey was funded by an educational grant from McNeil Consumer Products Company.

Don't miss the article, "10 Tips to Help You Evaluate Patient Education Materials," by Steven R. Moore, in the June 1983 Issue of Pharmacy Times. *Steve is a 1970 graduate of the UNC School of Pharmacy, and now works in the Food and Drug Administration, Rockville, Maryland, in the Patient Education Resource Center.*

TO OUR READERS SUBSCRIBERS AND ADVERTISERS

Because of production difficulties, the *Carolina Journal of Pharmacy* fell behind in the regular schedule of publication. To bring the magazine up to the current date printed on the cover, it was necessary to drop issues 4-6. Hereafter, the Journal will be mailed prior to the first day of the month of issue. Any articles or advertisements for publication must be submitted at least five weeks prior to publication. This decision was regrettable but necessary.

A. H. Mebane, III, Editor

Michele Brown

A. Michele Brown, having completed a five-month training program ending with an intensive three-week seminar here, has been named a Syntex professional medical representative, according to Richard Casey, Syntex vice president of sales.

In this position, Brown will provide health care professionals in the Charlotte, N. C. area with medical background and usage information on Syntex pharmaceutical products. Brown will report to Jesse Birchfield, Syntex district manager.

Prior to joining Syntex, Brown sold visual products for Lanier Business Products, a division of 3-M. She received a B.S.B.A. degree in business administration from the University of North Carolina, Chapel Hill. Brown is a native of Wilmington, N. C.

ROCKY MOUNTAIN SPOTTED FEVER

A characteristic rash generally is associated with Rocky Mountain Spotted Fever. However, it seems apparent that approximately 10% of those who get the disease will not develop this rash. Since 85% of all fatal cases of Rocky Mountain Spotted Fever occur in patients who do not develop the rash, initiation of therapy appropriate for this condition should be undertaken if the other signs and symptoms so warrant. This should be especially true in areas where the infection is common. *Am Fam Physician*, Vol. 26, #4, p. 262, 1982; *Arch of Int Med*, p. 1106, January, 1982.

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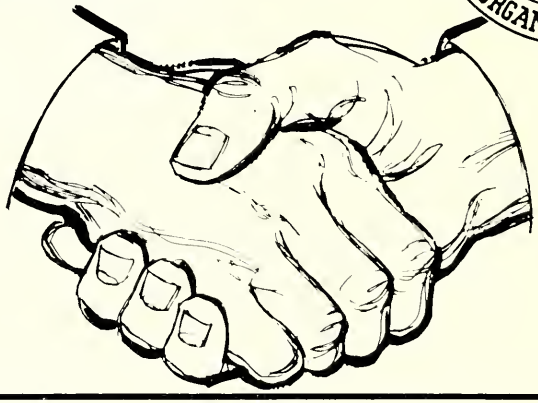

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Blue Ridge Mall
1800 Four Seasons Blvd.
Hendersonville, NC
Michael Overman, Ph-Mgr.

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US Hwy. 64 East
Chesley Mall S/C
Manteo, NC
Rick Evans, Ph-Mgr.

(continued on next page)

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RALEIGH

New officers of the Wake County Pharmaceutical Association installed at the June 7 meeting held at the Peddler Steak House are:

Al Lockamy, *President*
Joni Berry, *Vice President*
Connie Upshaw, *Secretary*
John Nyhre, *Treasurer*
Helen Deere-Powell, *Executive Committee Member*
Pam Joyner, *President Elect*

LOCAL NEWS

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met April 12, 1983 at the Cosmos Steak House on Independence Blvd. at 11:30 am for a luncheon meeting. Tables were beautifully decorated in a Easter motif by president, Mrs. Leslie Davis. The meeting was called to order by Mrs. Davis. Mrs. Jesse Oxendine gave a devotional on spring.

The Treasurer's report was given by Mrs. Evelyn Henley. Mrs. Ralph W. Smith, Jr. read several thank you notes and also a letter stating that Kelley, daughter of Mrs. Don Smith had won regional top cheerleader and is to go to the National Competition in May. We are happy for Betty, Don and Kelley.

Several donations were received as a memorial to our former president, Mrs. Edward Anselment who died recently.

The "Vial of Life," Woman's Auxiliary state project was discussed. No action was taken at this time, but the auxiliary will consider it for a project this fall.

Mrs. Don Smith gave the report of the nominating committee. They will be installed at the next meeting. The door prize was won by Mrs. Bland Robinson.

The "June in Boone" Convention was discussed. All members were urged to send or take crafts and white elephant items to be sold for state auxiliary projects.

The meeting was adjourned.

Mrs. Ralph W. Smith, Jr.
Corresponding Secretary

The Charlotte Woman's Pharmaceutical Auxiliary met May 10th, 1983 for a luncheon meeting at the Cosmos Steak House on Independence Blvd. The meeting was called to order by President Mrs. Leslie Davis. She welcomed members and guest photographer, Stephen Harrison.

Mrs. Adrain Galloway gave a devotional on "Praying Hands." Afterwards door prize went to Mrs. Woody Oxendine.

Mrs. Douglas Corwin gave a memorial to Myrtle Lawing Anselment, a Past President who died recently.

The Auxiliary voted to send our President, Mrs. Davis to the "Boone in June" State Convention as a delegate from our auxiliary.

President Davis gave her report for the year.

Mrs. Don Smith installed the following officers for the year 1983-1984:

President—Mrs. Ben Hawfield
1st Vice President—Mrs. Jesse Oxendine
2nd Vice President—Mrs. Douglas Corwin
Recording Secretary—Mrs. Charles Cannon
Corresponding Secretary—Mrs. Thomas Dagenhardt
Treasurer—Mrs. C. Gibbs Henley
Historian—Mrs. Ralph W. Smith, Jr.
Parliamentarian—Mrs. Leslie Barnhardt
Advisor—Mrs. Leslie Davis

The Auxiliary presented a beautiful silver tray to Mrs. Davis, the out going president. Mrs. Davis presented the in-coming president, Mrs. Ben Hawfield with the gavel, saying "Nancy, this gavel is a symbol of your office. I place this gavel in your hand with a sense of joy and excitement, with confidence that you will serve the auxiliary well. Congratulations and may God be with you." Mrs. Hawfield accepted with a short speech. The meeting was adjourned.

Respectfully submitted,
Mrs. Ralph W. Smith, Jr.
Corresponding Secretary

THE GUILFORD COUNTY SOCIETY OF PHARMACISTS

The May meeting of The Guilford County Society of Pharmacists was held on Tuesday, May 10th, in the AHEC conference room at Moses Cone Hospital at 8 PM. Guest speaker for the evening was Ralph Raasch, Pharm. D., from the School of Pharmacy, who spoke about "Peptic Ulcer Disease."

In the short business meeting following the program, members were reminded of the upcoming seminar on "Managing the Cancer Patient" to be held at Wesley Long Hospital on May 25 and 26, and the UNC School of Pharmacy Alumni Association spring program on May 14. Another item of business was a request by Ken Braswell of Charter Hills Hospital for the co-operation of the Society in working with the community mental health committee.

There being no further business, the meeting was then adjourned.

J. Frank Burton,
Secretary-Treasurer

SUSAN D. LEE of Asheville, North Carolina was the recipient of the Pharmacy Student Body Award in recognition for her demonstration of the highest qualities of character, deportment, scholarship, participation in extracurricular activities, and promise of future distinction in the pharmacy profession. She also received the A.Ph.A. Certificate for her outstanding services to the Student Chapter of the American Pharmaceutical Association. MS. LEE is a fifth year pharmacy student graduating in May.

MARY T. DORSEY of Goldsboro, North Carolina was the recipient of the Student Body President Award for her activities as this past year's President of the Pharmacy School Student Body. She is a fifth year student in pharmacy and will graduate in May.

CHRISTOPHER T. DIXON of New Bern, North Carolina was honored with the McKesson and Robbins Award in recognition of his duties as the President of the Student Chapter, American Pharmaceutical Association. He is a fourth year pharmacy student.

KAROL A. KRUEGER of Conover, North Carolina was the recipient of the Smith, Kline and French Award in recognition of her academic excellence and her demonstrated ability to apply this expertise to clinical practice in the institutional pharmacy environment. MS. KRUEGER is a fifth year pharmacy student graduating in May.

MICHELLE D. TOUSIGNANT of Mooresville, North Carolina received the McNeil Mortar and Pestle Award for her outstanding performance in Pharmacy Administration Studies. MS. TOUSIGNANT is a fourth year pharmacy student.

SHERRI J. FURR of Oakboro, North Carolina was honored with the R. P. Rogers, Sr., Pharmacy Administration Award in recognition of her exceptional meritorious performance by a fourth year student in one or more Pharmacy Administration courses. She is thinking of a career in the management area.

SUSAN F. STONE of Pilot Mountain, North Carolina was the recipient of the Buxton Williams Hunter Award in recognition of her excellence in campus citizenship and scholarship. She is a fifth year pharmacy student graduating in May. MS. STONE also received the Kappa Epsilon Award in recognition of her outstanding qualities of leadership, character, service, and scholarship.

CYNTHIA A. KNAPP of Totowa, New Jersey received the Upjohn Achievement Achievement Award in recognition of her performance of outstanding services to the School of Pharmacy. MS. KNAPP is a fifth year pharmacy student graduating in May.

NANCY L. BYRD of Smithfield, North Carolina was the recipient of the Lilly Achievement Award in recognition of her superior scholastic and professional achievement. She is a fifth year pharmacy student graduating in May.

KELLY S. McKEE of Mount Olive, North Carolina was the recipient of the Roche Pharmacy Communications Award in recognition of her excellence in the area of communications both in the classroom and the practice environment MS. McKEE also received the Merck Award in recognition for her noteworthy achievement in the profession of pharmacy. She is a fifth year pharmacy student graduating in May.

ALTON RAY DAVIS, JR. of Bladenboro, North Carolina was the recipient of the Phi Lambda Sigma Award in recognition of the fine leadership potential he has demonstrated during his first year in pharmacy school. Mr. Davis is a third year pharmacy student.

GIGI S. FREDERICK of Durham, North Carolina was the recipient of the Pfizer Pharmaceuticals Community Pharmacy Internship Award in recognition of her outstanding student character; and her demonstration of those prerequisite qualities and abilities necessary to practice community pharmacy. MS. FREDERICK is a fifth year pharmacy student graduating in May.

GLORIA S. VELÁSQUEZ of Charlotte, North Carolina was honored with the Fonnie Jackson Andrews Award in recognition of her positive attitude toward and significant contribution to the profession of pharmacy. She is a fourth year pharmacy student.

COLLEEN C. GILBERT of Catonsville, Maryland was the recipient of the Pharmacy Faculty Award and Lemmon Award in recognition of her attainment of the highest scholastic average in her class during her three years of professional study. She was a fifth year pharmacy student who graduated in December.

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Business Skills: Through a series of practical workshops, you will be able to sharpen your competitive edge by getting up-to-date information about what's happening in pharmacy management and professional services. From how to computerize your store (or enlarge your computer base) for greater efficiency, to new or expanding merchandising lines (such as health supports and appliances), it will be discussed on the convention program to help you improve your business.

Make your plans now to be on hand when NARD President John A. Johnson bangs the gavel for the first event. It will be five days that you cannot afford to miss.

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Register before August 19 and be eligible for one of 15 $200 sweepstakes prizes!

JOHN L. McCALL, JR. of Charlotte, North Carolina was the recipient of the Merck Award in recognition of his noteworthy achievement in pharmacy. He is a fifth year pharmacy student graduating in May.

MARGARET A. DAUGHERTY of Washington, D. C. was the recipient of the Merck Award in recognition of her noteworthy achievement in pharmacy. She is a fifth year pharmacy student graduating in May.

LINDA L. HUNTLEY of Forest City, North Carolina received the M. L. Jacobs Award in recognition of her demonstration of greatest excellence in Medicinal Chemistry Studies. She is a fifth year pharmacy student graduating in May.

PAULA J. THOMAS of Concord, North Carolina was the recipient of the Division of Pharmaceutics Achievement Award in recognition of her superior overall performance in the pharmaceutics course sequence. She also received the Rho Chi First Year Award for her having attained the highest scholastic average in her class for the first year of the Pharmacy Curriculum. MS. THOMAS is a fourth year pharmacy student.

BEVERLY A. SULLIVAN of Chapel Hill, N. C. was the recipient of the Division of Pharmacy Practice Achievement Award in recognition of her demonstration of a high degree of professional motivation and conern about the role of the pharmacist in the delivery of health care. She is a fifth year pharmacy student graduating in May.

DONNA BLAKE TIDWELL of Chapel Hill, North Carolina received the Bristol Award in recognition of her noteworthy achievement in Pharmacy. We are especially proud that the general university has also honored her with the ALGERNON SYDNEY SULLIVAN AWARD given by the Chancellor on April 20th. This award is given to the one man and one woman of the graduating class adjudged by a committee to have best demonstrated unselfish interest in the welfare of their fellow man. The emphasis of the award is upon humanitarian contribution. Her contributions include working with three statewide health education campaigns within the UNC-CH School of Pharmacy. MS. TIDWELL served as chairman of the 1981-1982 statewide Healthy Aging campaign conducted by the Pharmacy School which dealt with advising the elderly population on appropriate medication usage. This campaign won first place nationally. She also worked with the Woman's Auxiliary of the N. C. Pharmaceutical Assoc. in promoting the Vial of Life medical alert system to all 100 counties in North Carolina, and participated in the 1980-1981 pharmacy student campaign on Venereal Disease. MS. TIDWELL is a fifth year pharmacy student graduating in May.

Congratulations to

KEN BURLESON

on the further renovations of the Pharmacy Department at Catawba Memorial Hospital, Hickory. We are pleased and proud to have helped with this project.

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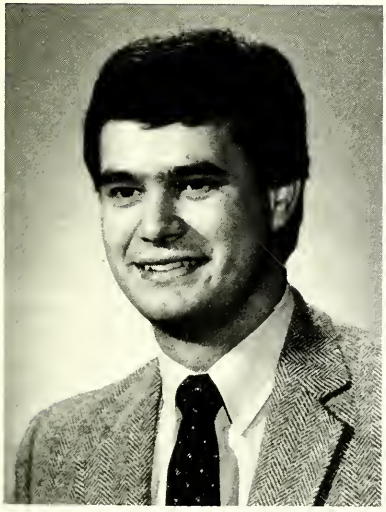
DISTINGUISHED SERVICE AWARD

Each year the School of Pharmacy awards an engraved mortar and pestle to an individual other than a student or faculty member who has made outstanding contributions to the instruction, research, and/or service functions of the School of Pharmacy. This year the award is given to J. B. Clay of Oxford, N. C., a very deserving individual who has a long history of quiet support for student scholarships.

Mr. Clay is a 1960 graduate of the UNC-CH School of Pharmacy. He began practicing pharmacy at Hall's Drug Store in Oxford soon after his graduation, and purchased the store in 1967. The store has since become a strong family focal point, as his wife Virginia and their three children all work together in the store. Mr. Clay is a deacon in the Oxford Baptist Church and a past president of the Rotary Club. Hall's Drug Store, founded in 1879, has long been considered an institution of Oxford and Granville County, and John plans to continue "to serve people for the greatest benefit of the community."



Henry L. Head, a graduate of Mercer University, has been assigned to the Fayetteville territory for the Upjohn Company, having recently completed four weeks of training at the Learning Center in Kalamazoo.

BEST INSTRUCTOR AWARD

MS. BETTY H. DENNIS, Assistant Professor, Division of Pharmacy Practice, was honored, for the second time in three years, as the Best Instructor for 1982-1983 at the Annual School of Pharmacy Awards Program. Ms. Dennis also won the award in 1980-1981.

She was selected by the graduating class as the faculty member who has demonstrated the highest qualities of instructional ability based on the following criteria: 1) best presentation of material; 2) most interest in students; 3) fair and relevant quizzes; and 4) most contribution to student's pharmaceutical knowledge.

Ms. Dennis is known throughout the student body as one who truly cares, and her willingness to help students learn and retain knowledge is engrained within her character. Currently, Ms. Dennis is co-ordinator of Pharmacy 76, Pathology and Therapeutics. In addition to several other teaching responsibilities, Ms. Dennis is Director of Pharmacy for the Student Health Services.

PRACTITIONER-INSTRUCTOR OF THE YEAR

Each year Syntex Laboratories gives an award to the Practitioner-Instructor for outstanding contributions to the Pharmacy Externship Program. Nominations are made by Pharmacy Externs, and the recipient is selected by a committee composed of students and faculty members.

This year, the selection committee honored MOLLY P. INGRAM of Moses Cone Hospital in Greensboro, North Carolina. The students felt that Ms. Ingram best personified the characteristics of an excellent Practitioner-Instructor. Her students felt that she made all aspects of hospital pharmacy accessible, and that in addition to her highly professional behavior, she retained a sincere personal interest in each student. In fact several students added, "Molly cares deeply for people and working with her has had a great impact on our personal development in pharmacy."

In her spare time, which is limited due to her many duties and avid participation in pharmacy, MS. INGRAM is a Girl Scout Leader.

LILLY DIGEST PRELIMINARY REPORT—1983

Averages per Pharmacy	1982 (904 Pharmacies)	1981 (1,750 Pharmacies)	Amount and Percent of Change
Sales			
Prescription	$279,800— 53.8%	$239,561— 54.6%	+$40,239—16.8%
Other	240,461— 46.2%	199,572— 45.4%	+$40,889—20.5%
Total	$520,261—100.0%	$439,133—100.0%	+$81,128—18.5%
Cost of goods sold	345,467— 66.4%	288,421— 65.7%	+$57,046—19.8%
Gross Margin	$174,794— 33.6%	$150,712— 34.3%	+$24,082—16.0%
Expenses			
Proprietor's or manager's salary	$ 30,381— 5.8%	$ 27,983— 6.4%	+$ 2,398— 8.6%
Employees' wages	59,522— 11.5%	50,689— 11.5%	+$ 8,833—17.4%
Rent	12,562— 2.4%	10,886— 2.5%	+$ 1,676—15.4%
Miscellaneous operating costs	57,064— 11.0%	47,81— 10.7%	+$ 9,883—20.9%
Total expenses	$159,529— 30.7%	$136,739— 31.1%	+$22,790—16.7%
Net profit (before taxes)	$ 15,265— 2.9%	$ 13,973— 3.2%	+$ 1,292— 9.2%
Total income	$ 45,646— 8.7%	$ 41,956— 9.6%	+$ 3,690— 8.8%
Value of inventory at cost and as a percent of sales			
Prescription	$ 30,282— 10.8%	$ 26,854— 11.2%	+$ 3,428—12.8%
Other	49,221— 20.5%	41,914— 21.0%	+$ 7,307—17.4%
Total	$ 79,503— 15.3%	$ 68,768— 15.7%	+$10,735—15.6%
Annual turnover rate of inventory	4.5 times	4.3 times	
Number prescriptions dispensed			
New	13,852— 48.9%	13,239— 48.6%	+ 613— 4.6%
Renewed	14,467— 51.1%	13,986— 51.4%	+ 481— 3.4%
Total	28,319—100.0%	27,225—100.0%	+ 1,094— 4.0%
Average prescription charge	$ 9.88	$ 8.80	+$ 1.08—12.3%
Size of floor area	2,611 square feet	2,402 square feet	
Sales per square foot	$196.82	$181.24	+$ 15.58— 8.6%
Pharmacy hours open	62	62	Unchanged

A PREVIEW OF INDEPENDENT COMMUNITY PHARMACY—1983

This year's preliminary *Lilly Digest* report, based on the 1982 operating statistics of 904 independent community pharmacies, indicates that a higher cost of goods sold was not offset by a lower total expense figure and resulted in a decline in net profit before taxes. When the income and expense statement items are compared with *Lilly Digest* figures for 1981, they show that . . .

Total sales reached a new high of $520,261, an $81,128 increase over 1981 sales. This was the first year sales surpassed the half-million dollar level. Total sales grew a record 18.5% in 1982, well above the average annual growth rate of 10.1% reported over the past decade. Prescription sales showed a 16.8% gain over the previous year's figure but were outpaced by the 20.5% advance in other sales. Total prescription revenue again accounted for over half of the independent community pharmacy's volume but declined from 54.6 to 53.8% of total sales.

The cost of goods sold rose 0.7% to 66.4% of sales, which caused gross margin to decline to 33.6 from 34.3% recorded in 1981. Total expenses decreased to a new low of 30.7% of sales (down from 31.1% in 1981). This reduction was the collective result of manager's salary and rent more than offsetting the increase in miscellaneous operating costs. The combined effect of these changes, however, was not sufficient to compensate for the decline in gross margin, and net profit before taxes dropped to 2.9% of sales.

Although total expenses fell as a percent of sales, they did rise in terms of dollars (up almost $23,000, or 16.7%, from the 1981 figure). The average proprietor's salary also was higher in dollars (up about $2,400) but decreased as a percent of sales from 6.4 to 5.8%. Employees' wages also rose in dollar amounts but remained unchanged as a percent of total sales. Rent declined slightly from 2.5 to 2.4% of sales; however, average rental expense advanced almost $1,700, a 15.4% gain over the 1981 figure. Miscellaneous operating costs went up about $10,000 or an increase of 20.9%, which resulted in these costs taking a larger share of the sales dollar—going from 10.7 to 11.0% of sales in 1982. Dollarwise, net profit before taxes rose almost $1,300—up 9.2% from the previous year. However, net profit, at 2.9% of sales, is the lowest recorded in *Digest* history. Total income (proprietor's salary plus net profit before taxes) improved in dollars, up 8.8%, but decreased as a percent of sales (from 9.6 to 8.7%).

Prescription and merchandise inventory required more dollars in 1982; however, both dropped percentage wise (from 11.2 to 10.8% and from 21.0 to 20.5% of sales respectively). The prescription department's sales productivity moved up to $9.24 per stock dollar (3.6% higher), whereas other merchandise productivity rose to $4.88 (up 2.5%).

The share of new prescriptions increased by 613 to 48.9% of total prescriptions dispensed (up 4.6% from the previous year's level). Renewed prescriptions were higher by 481 (a 3.4% growth) than the 1981 figure and accounted for 51.1% of total prescriptions dispensed. As a result, total prescriptions continued a two-year growth trend, with an increase of 1,094 prescriptions dispensed. At 28,319 prescriptions dispensed during 1981 (up 4%), a new high was established, and the 28,000 level was reached for the first time in *Digest* history. The average prescription charge advanced to $9.88 during 1982, an increase of $1.08 (12.3%) over the 1981 figure of $8.80.

The size of the average independent community pharmacy rose from 2,402 to 2,611 square feet of merchandise selling space during 1982. Sales productivity per square foot of floor area advanced $15.58 during 1982 (up to $196.82 from $181.24 the previous year) and represents an 8.6% increase.

The table on the opposite page summarizes the preliminary *Lilly Digest* report of the 1982 operating figures for 904 independent community pharmacies and compares these with the 1982 *Lilly Digest* averages from 1,750 pharmacies. The annual *Lilly Digest* will be completed and distributed in September of this year.

CONGRATULATIONS TO

William R. Adams, Wilson, who was recently elected to succeed himself on the North Carolina Board of Pharmacy for a three year term beginning in 1984. Adams was presented the Distinguished Service Award of the National Association of Boards of Pharmacy at the Annual Meeting held in Colorado Springs, Colorado in May.

Stuart W. Rollins, who has been named Pharmacy-Manager of the new Crown Reynolda Manor Pharmacy, Winston-Salem. Stuart worked for twelve years at NC Baptist Hospital Pharmacy prior to going with Crown about three years ago.

Grace R. Hamrick, who was presented the Distinguished Service Medal of the General Alumni Association of UNC-CH, during Commencement Week in Chapel Hill. Grace has served as the first female President of the Alumni Association and is also a member of the UNC Board of Visitors, a post she has held since 1974. She is married to C. Rush Hamrick, Jr., President of Kendall Drug Company, Shelby.

Fred Eckel, UNC School of Pharmacy, has been appointed the ASHP Task Force on Affiliated State Chapters.

Milton W. Skolaut, Director of Pharmacy Services, Duke Medical Center, has been named Treasurer Emeritus of ASHP for a three year term beginning in June.

Lou DeMicco, Marietta, Georgia, who has been named Regional Manager for Nordisk USA.

Dr. Virginia C. Moser, who received her Ph.D. in behavioral toxicology from the Medical College of Virginia, May 19. Ginger has been awarded the Clayton Award (no kin) for the first year graduate student.

Ginger is married to Darrel Moser and is living in Cary where she is doing postdoctoral studies at the Environmental Protection Agency. Ginger is the former Ginger Clayton of Charlotte.

Metaprel Asthma Mist Inhalers have been placed on Rx only status by the manufacturer, Dorsey Laboratories, effective immediately. This action is not a result of any patient adverse reactions or safety question but rather to allow further review by the Medical Community of the drug's OTC status.

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WEDDINGS

Sybil A. Skakle and Charles Andre Fetteroll were married Saturday, May 21 at Amity United Methodist Church in Chapel Hill. The Rev. E. Russell Stott and the Rev. Hugh H. Cameron officiated.

The bride graduated from the UNC School of Pharmacy and is a staff pharmacist at Durham County General Hospital. The bridegroom graduated from Brooklyn Polytechnical Institute and is a prototype machinist at Grant Hardware in Nyack, N. Y.

The couple will live in Chapel Hill.

Mary Patricia Semeniuk and Randall Tad Richardson were married Saturday at the Chapel of the Cross in Chapel Hill. Dr. R. David Hoffelt officiated at the double-ring ceremony.

The bride is the daughter of Dr. & Mrs. Fred T. Semeniuk (retired professor of UNC School of Pharmacy) and attended Durham Technical Institute. The bridegroom is a student at UNC-Charlotte. The couple will live in Charlotte.

Amy Ellen Blaug and Timothy Earl Oates were married Saturday May 15 at the Sheraton University Center in Durham. Rabbi Larry Kaplan officiated at the double-ring ceremony.

The bride is the daughter of Mrs. Seymour M. Blaug of Chapel Hill and the late Dr. Blaug (former dean of the UNC School of Pharmacy). She is a senior at UNC and is manager of The Rose Agency in Durham. The bridegroom is a graduate of NC Central University School of Law and is an attorney in Durham. The couple will live in Durham.

Kimberly Ann Kimbro and *John Vernon Woodard, Jr.* were married Saturday, May 21 at Stokesburg United Methodist Church in Walnut Cove. The Rev. Douglas H. Butle officiated.

The bride graduated from the University of North Carolina and is employed at Montaldo's of Durham. The bridegroom graduated from UNC School of Pharmacy and is owner and pharmacist of Sutton's Drugs in Chapel Hill. The couple will live in Chapel Hill.

BIRTHS

Steve and Sharon Hudson, Hickory, on the birth of twins, a boy and girl Saturday, May 28. Steve is an inspector for the North Carolina Board of Pharmacy.

DEATHS

Fonnie Jackson Andrews

Fonnie Jackson Andrews, Baltimore, died May 5, 1983, at the Greater Baltimore Medical Center. He was 90 years old.

Andrews was a native of Chatham County and a former resident of Chapel Hill. He received a bachelor's degree in pharmacy from Columbia University and a doctorate in pharmacy from UNC. He founded the Kappa Psi Pharmaceutical Fraternity at the University of North Carolina and was one of the founders of the North Carolina Pharmaceutical Research Foundation (now the NC Pharmacy Foundation). He also founded the Issac Edward Emerson Scholarship and the Fonnie Jackson Andrews Scholarship at the UNC School of Pharmacy.

He was president of Bromo Seltzer, Ltd., of Toronto, Canada, from 1918 to 1950, and was president of Emerson Drug Co., Baltimore, from 1951 to 1956. He was elected a Life Member of the North Carolina Pharmaceutical Association in 1979.

NOTED IN PASSING

"Paris would never tear down the Eiffel Tower, and I don't think we should tear down our windmill" said Boone pharmacist Joe Miller, after the noted landmark was sold to a Bessemer City company. (from the Durham Morning Herald, May 12, 1983)

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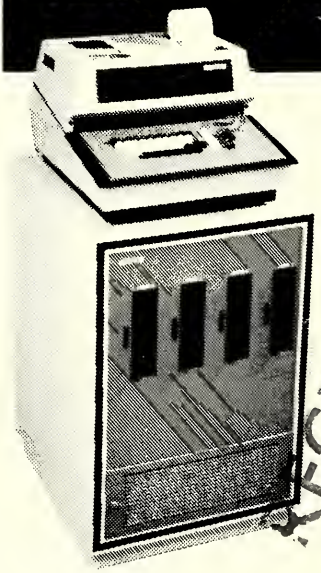

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Ralph P. Rogers, Jr. presents Sherri Jo Furr a check as the recipient of the Ralph P. Rogers, Sr. Pharmacy Administration Award as Jean Paul Gagnon watches approvingly. Story on page 9. ***photo by Colorcraft***

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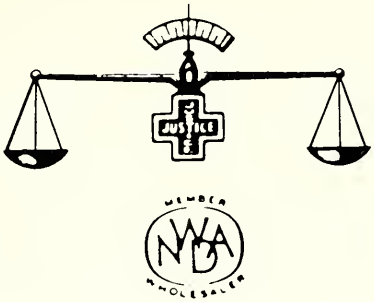

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

PHARMACY IN THE PUBLIC HEALTH ARENA

By Steven R. Moore, M.P.H., F.R.S.H.
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Washington, D. C. 20059

Note: The views expressed in this paper are solely those of the author

The nature of public health pharmacy in the United States is, at best, an ill-defined entity. It is essentially the practice of pharmacy within the area of public health. The Milbank Memorial Fund Commission defined public health as, "The effort organized by society to protect, promote, and restore the people's health. The programs, services and institutions involved emphasize the prevention of disease and the health needs of the population as a whole."[1] Certainly this definition could include just about anything remotely involved with pharmacy, and some individuals assume this to be the case.

Several individuals and groups have sought to provide a clearer definition of public health pharmacy by describing activities that pharmacists undertake in their practice. Spencer included the following activities: 1) having knowledge of disease patterns prevalent in neighborhoods, 2) reporting of accidental poisonings, 3) referral of patients to physicians, 4) monitoring of communicable disease patterns, 5) assistance to international travelers on medications, 6) supporting chronic disease prevention, 7) participating in community health education programs, 8) participating in health planning activities, 9) becoming acquainted with local public health department and personnel, 10) participating in family planning activities, 11) becoming acquainted with local organizations helping people lose weight, 12) becoming alert to environmental conditions prevailing in the community, 13) detecting potential suicides and seeking appropriate aid, 14) advising local agencies about drug and alcohol abuse, and, 15) participating in public health research.[2]

Bush and Johnson divided public health activities by pharmacists into two levels, the micro and macro.[3] On the micro level, primary prevention activities such as patient education, patient counseling, screening and referral were mentioned. On the macro level, activities included identifying community health problems, setting health priorities, formulating policy, management and administration, community education, interaction with community service programs and, research and evaluation activities.

Milne and Johnson provided specific activities for the pharmacist within the public health agency.[4] The first group of activities involved "provider" roles such as community policy and planning of drug services. The second group of activities involved "consumer" outreach such as poison control, rational drug selection assistance, and reducing access barriers. The third group of activities involved "environmental" efforts such as interrupting self-destructive drug use, and controlling drugs and chemicals in the environment. The fourth group of activities involved "health care delivery" activities such as intra-agency drug system efficiency, coordination with private sector drug systems, and inter-agency cooperation on drug delivery systems.

In 1980, the American Public Health Association adopted a position paper, "The Role of the Pharmacist in Public Health."[5] The paper described the public health arena and pharmacist activities. Included in these activities were 1) participation in health planning activities, 2) involvement in personal health services delivery, 3) counseling, educating and screening patients, 4) participation in the legislative and regulatory processes, and 5) encouragement of formal educational training in public health.

Given the diversity of the views on the activities that relate to public health pharmacy, there are two interesting components that appear. First is the location. The activities must be located within the public arena. This arena may be the community pharmacy, the

Public Health

ambulatory clinic, the health department, a public facility (such as a hospital), the government hearing room or the public agency office. Under optimal conditions, this location is free from physical, financial, or legislative barriers that would hinder access and its activities are well known and understood by its recipient population.

The second component to public health pharmacy is the nature of the activities. One set of criteria suggested four benchmarks for appraising the nature of the activities.[6] First, the activity should be perceived as suitable to the individual, yet conducive to the entire health system. Second, the activity should be involved in linkages of the local and referrable health system. Third, the activity should provide adequate and appropriate services in the most economical fashion to the health system. Fourth, the activity involves active participation by the individual in the public health area.

Using the interlinkages of the activity and location components, it is easy to see that some pharmacists in community pharmacies may be involved in far more public health activities than are comparable pharmacists employed in public facilities who are doing little but perfunctory dispensing activities.

The state of public health pharmacy in the United States is somewhat unclear. In the private sector, activities such as patient counseling, patient education and screening are often viewed as peripheral activities that are provided only when resources allow. The activities do not produce revenue and are often cut back when in competition with other revenue producing activities. Even when undertaken, the activities are often ill-planned and without support linkages to other facilities that may be needed. Hopefully this is changing and future standards of pharmacy practice will dictate more involvement in this area.

Unfortunately, many of the pharmacists in the public sector have little more effectiveness. Though hired and maintained as public employees, they often have no training, little sensitivity and little motivation to get involved in public health activities. They remain private health practitioners in public health clothing. One of the reasons that this has occurred are the archaic standards by which pharmacists are classified under the federal personnel system. The qualification standards and position classification standards of the Office of Personnel Management for pharmacists were last upgraded in February-March of 1968. They recognize traditional pharmacy functions of hospital pharmacists. Growth in the series is generated from staff pharmacists, to pharmacist-in-charge, to chief pharmacist. Elements that reward or even recognize training experience or competency in public health are absent. Even the clinical functions of these levels are defined as "the selection, compounding, dispensing and preservation of drugs, medicines, and other therapeutic agents."[7]

Thus, pharmacists now are involved in many different areas of the Federal Government, but seldom remain classified as a pharmacist. Using the guidelines that are developed by the Federal Government, and used as models by other government activities, it is little wonder that state and local governments pigeonhole pharmacists in the same way.

The current situation in public health pharmacy in the United States is the result of several interacting factors. First, the schools of pharmacy have little real expertise or faculty depth in public health. Little course work is devoted to public health and even when it is offered, faculty expertise in public health is rudimentary. One researcher found little concensus in schools of pharmacy on the nature of public health or the ability to implement such studies even if there was such a concensus.[8,9] With competition for existing resources that is facing pharmacy schools, there is little prospect for any real change in this area in the near future.

Second, the public health pharmacist has maintained a low profile and exerts little influence in the field of public health. Public health pharmacy practitioners are virtually absent in organized public health circles and established pharmacy organizations do little to foster their presence within their ranks. Role models in public health pharmacy are few and there is little done to link student exposure to these role models. There is no recognized specialty and little real appreciation of public health pharmacy within pharmacy circles.

Third, there is little real expertise or de-

(continued on page 7)

Thanks, University of Maryland School of Pharmacy

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We were impressed, too—with them.

They were bright, curious, professional and very excited about their careers.

It was a good day. And one way we know of starting—and keeping—a dialogue.

3033537

mand for public health pharmacy within schools of public health. Faculty expertise on matters related to pharmacy is extremely limited and identifiable pharmacy faculty members are also difficult to find. There has been little real recruitment of pharmacists to schools of public health and enrollment for pharmacists remains minimal.

Fourth, there is little other than personal motivation to encourage individual pharmacists to obtain expertise in public health. Government managers do little to recruit or reward pharmacists for public health training or experience, especially when compared to other pharmacists working in the Government. There is no appreciable salary difference for public health pharmacists; indeed many may be working for far less than private sector pharmacists. Pharmacists who have reached positions of importance in public health do little to upgrade the status of public health pharmacy.

Fifth, resources in the public sector are tightly controlled under established budgets. The predominant feeling is that maximum use of resources must be undertaken with minimum expenditures. Traditionally, this has meant filling positions with the individual that meets minimal standards. Unfortunately, this has created the image that pharmacist capabilities are limited in public health and the "count and pour" mentality fires the cycle of keeping minimally-qualified individuals as the pharmacists in the public system.

If the concept of public health pharmacy is to exist, certain steps are necessary. First, the pharmacy educators must recognize the importance of public health and begin to involve pharmacy educators in the field. To implement this, adjunct faculty appointments for public health pharmacists should be arranged. These adjunct faculty members can serve as role models, preceptors and part-time faculty for the students. Additionally, continuing education programs for practicing pharmacists can be undertaken to sensitize and challenge them toward greater public health involvement. Faculty directed research can also be directed to pharmacy as a provider of public health needs instead of pharmacy as a business.

Second, the basis for classification and qualification of Government pharmacists can ing in the public sector have current expertise and commensurate duties. With the prospects for a much tighter job market in the public sector, care can be taken to insure that the individuals with the greatest public health exposure or experience are hired. Pharmacists with no particular skills or interest in public health should not be hired to work in public health purely as an expedient measure for managers. Rather, careful scrutiny should be taken to encourage greater training and experience for pharmacists who wish to work in the public sector.

Third, the enrichment of clinical skills that will enable pharmacists to enlarge their role in clinical activities should be preserved. The triage function that pharmacists can, and in many instances should perform, can only be successfully undertaken with proper training. Both on the preparatory and continuing education levels, these skills should be encouraged and stimulated.

And finally, the multifaceted mixture of health professionals involved in public health should adapt the knowledge and skills of pharmacy into the provision of public health. Although very parochial in much of their training, adaptive pharmacists have much to offer in the area. Through new linkages and alliances, this addition of yet another specialized service component can significantly aid in the public's health.

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THE ROLE OF PHARMACY ADMINISTRATION

by Sherri Jo Furr

Most dictionaries define administration as the management of affairs. Pharmacy administration, therefore, could be defined as the manager of the practices of pharmacy. For such a simple definition, pharmacy administration is a complex and vital part of a pharmacist's education.

When I hear the term pharmacy administration, I immediately reflect on the economic aspects of pharmacy management. The monetary success of a pharmacist depends on his ability to effectively handle financial matters, such as accounting affairs, pricing schemes, expense control, et cetera. This not only applies to retail stores but to other branches of pharmacy, such as pharmaceutical marketing, that likewise demand economic profitability.

However, the public and human relations aspects of pharmacy administration are just as important to the success of a pharmacist. Working with the public requires a knowledge of human behavior and communication skills in order to effectively counsel patients or communicate with personnel, professionals and businessmen. Several courses within the Pharmacy Administration Department are designed to help pharmacists identify how others perceive him and the situation. The way a pharmacist handles others' perceptions and attitudes will influence how well he communicates with others and will partially determine his success as a person and professional.

Sherri Furr, flanked by parents, Mr. and Mrs. Tommy Rand Furr, Oakboro.
photo by Colorcraft

In a curriculum where the clinical aspects of pharmacy are promoted as being most important to the pharmacist, the need for effective pharmacy administration is often overlooked. I feel that to be a successful professional on a health care team—meaning one who helps promote the quality of he public's health to the best of his ability—a pharmacist must employ productive administrative skills as well as competent clinical skills.

AYERS ELECTED KE TREASURER

Elizabeth Ayers, R.Ph was re-elected to her second two-year term as National Treasurer of the 12,000 member pharmacy fraternity, Kappa Epsilon, during KE's recent 34th biennial convention in Chapel Hill, North Carolina.

A graduate of the University of North Carolina—Chapel Hill, Ayers holds professional memberships in APhA, ASHP, NCPA, Forsyth Pharmaceutical Society, Rho Chi, and Phi Lambda Sigma. Mrs. Ayers is a hospital pharmacy supervisor at Forsyth Memorial Hospital in Winston-Salem, North Carolina. She has served as Preceptor/ Instructor for the University of North Carolina-Chapel Hill School of Pharmacy.

Since her initiation at Lambda Chapter, she has served as President of her Collegiate Chapter and Province A liaison. She was KE's North Carolina Alumnae Chapter President and National by-laws committee chairman for 4 years.

Kappa Epsilon was founded May 13, 1921 in Iowa City, Iowa and has grown to include members from 34 collegiate chapters and 19 alumnae chapters. Kappa Epsilon's purposes are to unite women students to pharmacy; to cooperate with faculties of the colleges where chapters are established; to stimulate in its members a desire for high scholarship; to foster a professional consciousness; and to provide a bond of lasting loyalty, interest and friendship.

FURR RECEIVES 1983 RALPH P. ROGERS, SR. PHARMACY ADMINISTRATION AWARD

Sherri Jo Furr, received the Fifth Annual Ralph Peele Rogers Memorial Award in ceremonies at the Carolina Inn, Friday evening, April 29.

Furr was chosen on the basis of meritorious performance in the field of pharmacy administration. A fourth year student at the UNC School of Pharmacy, she was also judged on participation in class and through personal interviews. She attended West Stanly High School where she was in the National Honor Society; cheerleader for four years; a Governor's School participant and Valedictorian of her class.

At the UNC School of Pharmacy she is president of the Carolina Industrial Pharmacy Society; member of Phi Lamba Sigma a leadership fraternity; member of Kappa Epsilon; member of Pharmacy School Senate; National Deans list fall 1981 and was inducted recently into Rho Chi, a scholarship fraternity.

The Pharmacy Administration Award is named in honor of the late Ralph P. Rogers, Sr. of Durham, who served as President of the North Carolina Pharmaceutical Association, was a Director of the North Carolina Pharmaceutical Research Foundation and was a leader in the civic and religious life of his city. He operated the Roger's Drug Company there for more than 50 years.

Participating in the dinner program were Tom S. Miya, dean of the UNC School of Pharmacy, Jean Paul Gagnon, chairman of the Department of Pharmacy Administration; Ernest J. Rabil, President of the North Carolina Pharmaceutical Association and A. H. Mebane, III, executive director of the Association.

The eldest son of the late Mr. and Mrs. Rogers, Ralph P. Rogers, Jr., Durham presented the award.

Participants in the Rogers Award Program, left to right; Dean Tom S. Miya, NCPhA Executive Director Al Mebane, Jean Gagnon, Chairman—Pharmacy Administration, Award recipient Sherri Furr and NCPhA President Ernest Rabil. ***photo by Colorcraft***

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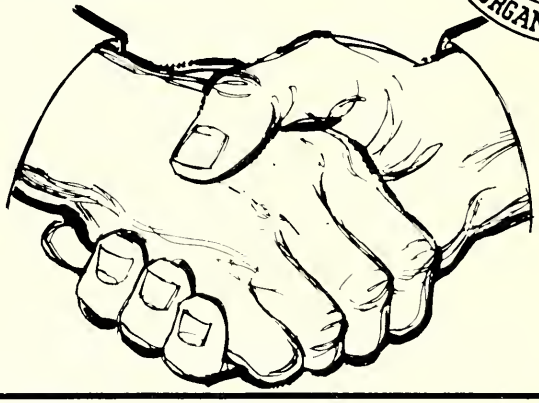

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A LETTER TO THE EDITOR

Dear Editor:

A recent comparison of the results of two Food and Drug Administration studies indicates an extremely low level of communication between patients and their doctors and pharmacists concerning prescription drugs.

In December, 1982, a consumer prescription drug survey conducted by Chilton Research, Inc. reported that nearly 70% of consumers surveyed reported they were not told about precautions and possible side effects by their doctor, although only 2 to 4 percent reported asking questions about their prescriptions while in the physician's office.

And now in May, 1983 a Louis Harris and Associates survey indicates doctors feel that patients are satisfied with the information they are getting because few questions are asked. Pharmacists say they get questions with better than one of three prescriptions they fill, but most pharmacists think patients should ask more questions.

The results of these studies were forwarded to the National Council on Patient Information and Education (NCPIE), a new non-profit organization whose members include 125 national health care professional associations, consumer groups, pharmaceutical manufacturers, and government agencies including the Food and Drug Administration. As a catalyst for voluntary efforts in prescription drug information, we are urging our members to better inform patients about their medications.

We want to alert you to the action being taken by one of our members, the Food and Drug Administration. In July, 36 million Social Security check recipients will find a message from the FDA about prescription drug use. The enclosure encourages the public to ask physicians and pharmacists about their prescription medications. In addition, FDA will directly contact 125,000 primary care physicians. This activity is part of a campaign to inform and educate patients about the proper use of prescription drugs.

In the light of these studies and the massive public education campaign that will be launched in July, the NCPIE wants you to know the questions the public is being encouraged to ask.

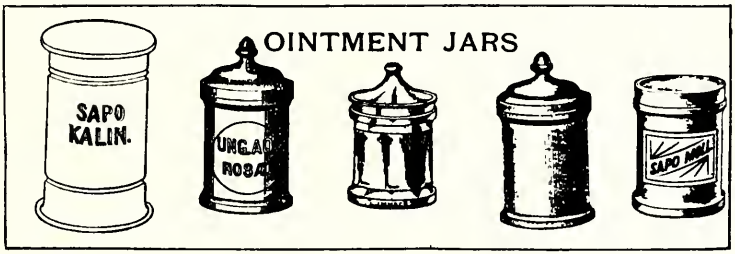
- What is the name of the drug and what is it supposed to do?
- How and when do I take the drug—and for how long?
- What foods, drinks, other drugs or activities should I avoid while taking the drug?
- Are there any side effects and what do I do if they occur?
- Is there written information I can take with me?

Many people, especially the elderly, are on multiple medications, and studies show that up to 50% of patients do not take their medications correctly. It has also been documented that answering patients' questions and making sure they understand those answers are important to the quality and outcome of patient care. There are patient handouts available from physician, pharmacy, consumer, and business organizations to reinforce the verbal information patients receive. For additional information, please contact NCPIE in Washington.

Thank you.

Sincerely,

Paul G. Rogers
Chairman
National Council on Patient
Information and Education
P. O. Box 32328
Washington, DC 20007



CONGRATULATIONS TO

JOHN S. CALHOUN

on the remodelling of his Medicine Shoppe in Fayetteville. We are pleased and proud to have helped with this renovation.

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ANNUAL REPORT OF THE SCHOOL OF PHARMACY AND THE PHARMACY FOUNDATION OF NORTH CAROLINA TO THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

ACADEMIC YEAR 1982-83

Tom S. Miya, Dean

This has been a trying, but successful year! Trying since it is the first year without federal capitation funds. Last year we had available small amounts of carryover funds. For any organization to maintain all of its programs, let alone attempting not only to maintain excellence in some but attempting to attain it in others with a ten-year average annual loss of about a quarter of a million dollars, is indeed a herculean task. We have, however, learned to cope with fiscal constraints and have made progress. The increased activity of our faculty in successfully seeking extramural funds (funded grants annual—$547,000) has assisted in easing the situation. Students were requested to offset the cost of handout materials, and other cost containment and cost capturing programs were instituted.

Another problem is the increasing rate of erosion to industry of some of our best faculty. I believe this will be a continuing problem for us as well as to all segments of the University. With budgets for the University "enrollment-driven," I foresee additional fiscal problems as the numbers of high school graduates diminish, not to rise again for another decade. This is reflected in the diminishing applicant pool for our school.

Our graduates, however, are of increasing quality. One measure of quality is their performance on the NABPLEX. Their average scores were 2 points beyond the national average and exceeded that in 4 out of 5 categories. The reorganization of the Student Senate has led to a revised Constitution and, if this year is any indication, the students will have significant positive impact on their own destiny during and beyond their formal education.

"Healthy Aging Public Awareness Campaign," a paper submitted by Donna Tidwell of Chapel Hill, was selected by the Federation of Associations of Schools of the Health Professions (Medicine, Nursing, Dentistry, Pharmacy, etc.) as one of seventeen semi-finalists in the Department of Health and Human Services (DHHS) Secretary's Award Program for Innovations in Health Promotion and Disease Prevention. It is the *only* project submitted by a school of pharmacy in the semi-final judging. The Department will choose three finalists who will receive certificates and cash awards from Secretary Margaret Heckler. Abstracts of all seventeen semi-finalists' papers will be published in a special supplement to *Public Health Reports,* the official journal of the U. S. Public Health Service.

All the activities of the School are much too numerous to mention. However, this has been one of the most satisfying, yet frustrating, in my tenure as Dean. Frustrating because there is yet much to be accomplished.

A Professionalism Task Force, working all year, generated recommendations. One of these is the implementation of an Honors Program which has already been approved by the University. This will give the School added prestige and give selected students the recognition they deserve.

Our first class of 5 Doctor of Pharmacy students was graduated last month. Some of you will remember that the first discussion of such a program between the School and the Administration occurred in 1968. The numbers are small since it is an unfunded program, but proves that persistence pays off. I believe it is a program which will provide the opportunity for significant additional pharmaceutical services.

An always pleasing Rho Chi Initiation and Awards Night held at Burroughs Wellcome saw J. B. Clay of Oxford receive the School's

(continued next page)

Distinguished Service Award for his quiet, long-term significant support of student scholarships. That same evening saw W. J. Smith, the first recipient of the Buxton Williams Hunter Award for excellence in campus citizenship and scholarship, present this year's award to Susan Frances Stone of Pilot Mountain. The Award is sponsored by Mr. D. R. Davis. Gloria Sandra Velásquez of Charlotte received the Fonnie Jackson Andrews Award in recognition of her positive attitude toward and her contributions to the profession of pharmacy—a certificate and a cash award of $1,500. The Award is made possible through a trust established by the donor. Miss Velasquez's letter of acknowledgement and appreciation was to be the last Mr. Andrews would receive. Fonnie Jackson Andrews, one of the great benefactors of the School, a founder of Kappa Psi Fraternity, and one of the founders of the Pharmacy Foundation, died May 5 in Baltimore at age 90. Graveside services were held in Chapel Hill on May 9th. Numerous other awards were sponsored by organizations, individuals, and pharmaceutical companies.

Tables I, II and III are presented for your information. Table I shows degrees conferred during this academic year (1982-83). The three-year average for undergraduate degrees is *156.*

TABLE I.
CLASS OF 1983—DEGREES CONFERRED

B.S. in Pharmacy

August, 1982	— 4	*M.S.*	—13
December, 1982	—30	*Ph.D.*	— 5
May, 1983	—118		
Total	152		

Pharm. D. (May, 1983)

—13

— 5

Data are not available for this year, but the 1981-82 graduates were distributed about equally between community (independent and chain) and institutional pharmacy—about 37% each. The remaining 26% of our graduates sought additional professional degrees, graduate studies and industry. There appears to be no dearth of employment. The School annually hosts a Career Day in which many companies, pharmacy chains, hospitals and others interview the graduating class for career opportunities.

Table II shows enrollment projections in the three classes for 1983-84 by sex. The total enrollment has remained about constant from year to year. You will note the high proportion of women—a national trend.

TABLE II.
SCHOOL ENROLLMENT—ESTIMATES

	Male	Female	Total
B. S. Degree			
Third Year	62	98	160
Fourth Year	57	103	160
Fifth Year	66	101	167
Totals	185	302	487
Pharm.D. Degree			
First Year	4	2	6
Second Year	2	4	6
Totals	6	6	12
M.S.	15	13	28
Ph.D.	16	8	24
Postdoctoral	5	1	6
	GRAND TOTAL		557

Table III shows the numbers of applications and admissions for 1982 and 1983. Note that, in 1982, 177 students were admitted from a total applicant pool of 257, and, in 1983, 160 from a pool of 243.

TABLE III.
SUMMARY OF APPLICATIONS AND ADMISSIONS FOR FALL 1982 AND FALL 1983[a]

	1982						1983					
	Applications			Admissions			Applications			Admissions		
	M	F	T	M	F	T	M	F	T	M	F	T
B.S. in Pharmacy												
UNC-CH Campus	55	107	162	42	86	128	57	93	150	47	74	121
Transfers	45	50	95	18	21	39	40	53	93	15	24	39
Totals	100	157	257	60	107	167	97	146	243	62	98	160
Pharm. D.												
All Applicants	8	10	18	2	4	6	11	10	21	4	2	6
Graduate Programs	55	32	87	11	5	16	63	27	90	13	10	23

[a] Data as of May 20, 1983

Because of the drop in the applicant pool from several years ago, increased emphasis is being placed on recruitment. The Pharmacy Alumni Association is assisting in this project. Resource material and visual aids (video cassettes and slides), along with pamphlets and brochures on pharmacy, are made available to those who wish to make a presentation to high school or civic groups.

Table IV shows the personnel complement of the School totaling 125 faculty of varied rank and appointments and staff. Not included are the approximately 140 volunteer practitioner-instructors who assist us in our Academic Externship Program. About eighty of them are active at any given period. We are thankful for their generosity and commitment to improved pharmaceutical education and service.

TABLE IV.
FACULTY[1] AND STAFF, 1982-83

Professors	10
Associate Professors	10
Assistant Professors	16
Instructors	6
Adjunct Appointments	26
Clinical Appointments	35
Staff	22
	125[2]

[1] Includes AHEC faculty.

[2] Does not include the 140 practitioner-instructors of whom about 80 are active during a given period.

The faculty is committed not only to excellence in instruction and service, but to research and other scholarly activities. Extramural funding for these purposes continues unabated with $547,000, up from $432,000 last year, generated by our faculty.

PHARMACY FOUNDATION

SOLICITATION DRIVE

	Number of CONTRIBUTORS		GIFTS	AMOUNT RECEIVED		
	FY 1980-81	FY 1981-82	As of 4/30/83 FY 1982-83	FY 1980-81	FY 1981-82	As of 5/20/83 FY 1982-83
A. For Endowment Purposes						
Individual	90	110.5	38	$ 4,427.00	$11,740.50	$22,725.00
Corporate**/Group			8			6,360.00
TOTAL	90	110.5	46	4,427.00	11,740.50	$29,085.00
B. For Current Use						
Individual	183	263.5	258	$ 9,562.86	$11,084.00	$11,386.00
Corporate**/Group						
Unrestricted	8	13	7	10,750.00	7,970.00	8,300.00
Restricted			3			6,194.20
TOTAL	191	276.5	268	$20,312.86	$19,054.00	$25,880.20
GRAND TOTAL	281	387	314	$24,739.86	$30,794.50	$54,965.20

* May and June gifts (through CAG) are not yet included in this report.

** Total Corp (Expendable and Endowment) = $20,854.20 (as of 5/20/83, FY 1982-83).

PHARMACY FOUNDATION OF NORTH CAROLINA

The North Carolina Pharmaceutical Research Foundation, Inc. by action of its Board of Directors underwent a name change to Pharmacy Foundation of North Carolina. The name change more clearly reflects the activity of the Foundation and is in line with other major foundations at UNC at Chapel Hill. This was the first year in which the Foundation joined Carolina Annual Giving (CAG), offering donors the option of making contributions to any segment of the University and receiving credit for the various CAG gift clubs for their total contributions.

A notable achievement for the Pharmacy Foundation was that the total Chancellor's Club membership rose to *six*. These members have pledged a *minimum* of $1,000.00/year for ten years.

The table shows the total number of gifts (if contributor makes a gift to a particular endowment and to unrestricted gifts and contributions, it is counted as two gifts). It can be noted that although our total contributions are up, it represents contributions from 10% or less of our alumni. Furthermore, the numbers of contributors are significantly below a year ago as of this date. The total contributions are significantly higher because of several large gifts dedicated for specific purposes. The contributions as of 5/20/83 total $54,965.20 (314 gifts) compared to $30,794.50 (387 contributors for FY 1981-82).

Because of State budgetary constraints, the Foundation has been a source of great assistance in these last months of the fiscal year, which ends June 30. A 4% recision of the budget aggravated the situation.

Undergraduate support remains one of the primary expenditures of the Foundation. For the first time, the Foundation gave two Junior Faculty Development Awards of $1,500 each for research seed money. It is our hope that the investments the Foundation is making in these categories will have long-term benefits to the Foundation, to the School and North Carolina pharmacy.

As encouraging trend is the growth of the Foundation's assets. Fed by an upturn in the economy with significant assistance from The Common Fund, our new fiscal agent, Carolina Annual Giving and you, it is at an all-time high. The market value of $800,000 of our investment is an increase of about $250,000 from last year, and the increase in book value about $60,000. Your School and indeed the University will continue to need assistance from sectors other than State appropriations for future growth and development.

I wish to thank all the Board of Directors and especially President Ralph Rogers, Vice President Ed Brecht, the Executive Committee and the Investment Committee for their diligence and dedication. The revitalized Foundation is largely because of the efforts of the Board and you, our supporters.

GOLF TOURNAMENT RESULTS

Winners in the annual Owens-Illinois Golf Tournament held during the NCPhA Annual Convention were:

Closest to the Pin—Bill Brewer

Longest Drive—Bob Case

Low Gross—TMA 1st Wayne Garrett
2nd Frank Fife

Low Net—TMA 1st Bill Andrews
2nd Steve Collins

Low Gross NCPhA—1st Gene Butler
2nd Bill Mast

Low Net NCPhA—1st Milton Whaley
2nd Bud Kelly

Women's Award Marie Hudson

Thanks to Owens-Illinois for sponsoring the Tournament and to Tom Taylor and Kelly Gauer for serving as Chairmen.

1983 CONVENTION ATTENDANCE

Convention attendance as reported by Tom Burgiss, Convention Registrar:

NCPhA members	132
Woman's Auxiliary	122
TMA	68
Guests, Students & Staff	38
Total	361

STATE BOARD OF PHARMACY

Members—W. R. Adams, Jr., Wilson; Harold V. Day, Spruce Pine; W. Whitaker Moose, Mount Pleasant; W. H. Randall, Lillington; Evelyn P. Lloyd, Hillsborough; David R. Work, Executive Director, P. O. Box H, Carrboro, NC 27510

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Eckerd Drugs
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Theodore Bland, Ph-Mgr.

Issued 6/6/83
College Discount Drug
5395 Ramsey St., College S/C
Fayetteville, NC 28301
Jack M. Nebrat, Ph-Mgr.

Issued 5/10/83
School of Veterinary Medicine Phcy.
4700 Hillsborough Street
Raleigh, NC 27606
Grace Penny, Ph-Mgr.

Issued 5/16/83
The Medicine Shoppe
503 West Vernon Ave.
Kinston, NC 28501
Dalton R. Ange, Ph-Mgr.

Issued 5/24/83
Eastern Carolina Surgical Center Pharmacy
102 Bethesda Drive
Greenville, NC 27834
Stephen W. Tripp, Ph-Mgr.

Issued 5/31/33 T/O
Sime Professional Pharmacy
116 Lee Street
Shelby, NC 28150
Wilson Crawford, Ph-Mgr.

Issued 5/31/83 T/O
Kerr North Hills #201, Inc.
North Hills S/C
Raleigh, NC 27609
Needham E. Ward, Ph-Mgr.

Issued 6/30/83 T/O
Peoples Drug Store
1142 N. Road St.
Elizabeth City, NC 27909
Martha W. Bennett, Ph-Mgr.

Issued 6/17/83
Peoples Drug Store
3540 S. College Rd.
Wilmington, NC 28402
Michael Allred, Ph-Mgr.

Issued 6/17/83
Peoples Drug Store
3727 Oleander Rd.
Wilmington, NC 28403
Ben Howard, Ph-Mgr.

Issued 6/17/83
Revco Discount Drug Center
610 S. Key St., Rt. Pilot S/C
Pilot Mountain, NC 27041
Randy Lawson, Ph-Mgr.

Issued 6/17/83
Revco Discount Drug Center
US Hwy. 17 & NC Rt. 1340
New Bern, NC 28560
David Szadaj, Ph-Mgr.

PHARMACY PERMITS

Issued 6/20/83
Catawba Pharmacy
Hwy. 10, 3rd. Ave. SW
Catawba, NC 28609
James Charles Suarez, Ph-Mgr.

Issued 6/21/83 L.S.P.
Lincoln Co. Health Department
Rt. 8, Box 1527-C
Lincolnton, NC 28092
George William Brookins, Ph-Mgr.

Issued 6/16/83 T/O
Stanley Drug Stores
1949 E. Seventh St.
Charlotte, NC 28204
William Ellis Evans, Ph-Mgr.

CANDIDATES LICENSED BY RECIPROCITY 5/10/83

Allen, Pamela
Ohio

Rolandelli, Karen Bradner
Ohio

Burkett, Charles Warren
Pennsylvania

Bryson, Clyde Dean
Tennessee

Fernholz, Paul Kevin
Wisconsin

Flory, Dennis Wayne
Idaho

James, Michael Kent
Kansas

Koshikar, Oksana Mary
New York

Koshikar, Robert Walter
New York

McCormack, Amy Jean
Michigan

Mills, Charlene Joy
Alabama

Mullin, William Joseph
New Jersey

Neale, Michael Louis
South Carolina

Reagin, Ronald Stephen
Georgia

Tillery, Steven Michael
Alabama

Vergales, Marsha Jean
Virginia

Zingelmann, Mark Kristian
Virginia

BISSETTE RECEIVES BLANTON AWARD

Charles D. Blanton, Kings Mountain, presented the Don Blanton Award, given annually to that pharmacist who has contributed the most to Pharmacy in North Carolina during the past year, to Paul B. Bissette, Jr., Wilson, at the 103rd Annual Meeting of the North Carolina Pharmaceutical Association in Boone, Sunday, June 19.

This award was established in 1966 in memory of Don Blanton, who served as President of the North Carolina Pharmaceutical Association in 1957-58. Bissette, a 1947 graduate of the UNC School of Pharmacy, was recognized for his efforts in securing passage of the 1982 Revised Pharmacy Practice Act, and helping bring together various segments of pharmacy practitioners to accomplish this. Bissette is currently President of Bissette's Drug Store in Wilson.

NCPhA President Ernest Rabil, left, accepts the Don Blanton Award on behalf of Paul Bissette from Charles D. Blanton. photo by Colorcraft.

Summa Cum Laude this summer.

Early this summer these four young women joined the Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process . . . learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we graduated them from the internship program, we wished them well in finishing their educational requirements, and parted knowing that we'll enjoy seeing each other in the years ahead.

Upjohn

Suzan N. Yaman, Drake University. Margie M. Deasy, Medical College of Virginia. Karen A. Weaver, University of Toledo. Jill E. Wikman, University of Michigan.

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MAILING CONTROLLED SUBSTANCES

Jesse E. Stewart, Ph.D.

(Dr. Stewart is Associate Professor of Pharmacy Practice, College of Pharmacy, University of Illinois at the Medical Center, Chicago)

Some pharmacists may be surprised to learn that the mailing of controlled substances is regulated by the US Postal Service and not by the Drug Enforcement Administration. But even those who are not surprised may be confused by recent changes in the regulations. A review of these changes and the philosophy behind them may help clarify this issue.

In March 1980, the postal service published proposed revised regulations concerning the mailing of controlled substances. These regulations, if enacted, would have restricted mailings and were prompted by concern that mailings not permissible under existing federal statutes previously had been allowed. There was considerable objection to these restrictions, which, for example, would prevent pharmacies from mailing controlled substances to the elderly and infirm, creating a serious hardship for these patients. In an unsuspected turn of events, however, this action actually broadened, rather than narrowed, the existing regulations. Although the proposed regulations never were enacted, they paved the way for removing the existing quantity limitations for mailing Schedule II-V nonnarcotic controlled substances. The postal service also was prompted to consider submitting a legislative proposal to Congress clarifying that mailings under current regulations were permissible.

Current postal regulations pertaining to the mailing of controlled substances are found in the Domestic Mail Manual (DMM) ¶124.36. To protect postal workers and the public, the postal service broadly interprets "poisons" to include controlled substances as Class B poisons, which then are defined and regulated under 124.364. This very broad definition of poisons may have prompted the postal service to seek legislation that specifies controlled substances as a commodity regulatable by the postal service.

Current postal regulations allow the mailing of Schedule II-V nonnarcotic controlled substances *regardless of quantity*, and have for over two years (a fact some pharmacy publications still are misreporting). No longer are pharmacists bound by quantity (or days'-supply) limitations for these nonnarcotic products. However, pharmacists still cannot mail narcotic controlled substances to the ultimate user (in any quantity). Only the Veterans Administration medical facilities are given authority to mail narcotics to the user.

In summary, it still is permissible for a DEA registrant to mail controlled substances (narcotic and nonnarcotic) to another registrant. A pharmacy may mail prescription medicines containing nonnarcotic controlled substances, but not narcotic medicines, to the ultimate user. Pharmacists also should remember that, when mailing *any* controlled substance, the parcel must be placed in a plain outer container or securely wrapped in plain paper and must not bear any markings indicating the nature of the contents. In addition, parcels containing controlled substances no longer need to be sent by registered mail.

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On the renovation of Medical Center Pharmacy in Hickory. We are pleased to have helped in the completion of this renovation.

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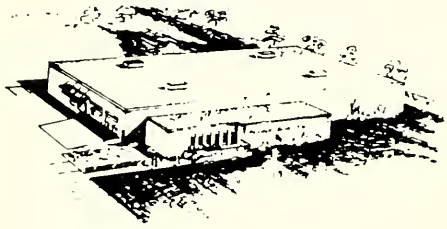

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LETTERS

Better Business Bureau
914 First Union National Bank Building
Winston-Salem, NC 27101

Gentlemen:

I am writing you in complaint of Bioline Laboratories, Inc. of 1353 Utica Avenue, Brooklyn, NY 11203. Bioline is a company that solicits drug orders via the telephone. They called me numerous times in late 1982, and I informed them that I was not interested in doing business with them. However, they persisted, and we started keeping a record of their calls beginning on February 9, 1983. I was contacted again on March 11, at which time I reaffirmed my position and requested them to remove my establishments from their calling list. Regardless of my requests, they have continued to call me with the last recorded call being on June 22. Their persistence in calling has become harassment instead of business.

I am writing to inform you of this company's inability to accept "no" and their refusal to cease calling my establishments. If there is anything that can be done please notify me. I would appreciate your assistance and compliance in helping resolve this matter.

Sincerely,
BOONE DRUG COMPANY

Joe C. Miller, Vice-President
113 East King Street
Boone, NC 28607
(704) 264-3766

Dear Senator Helms,

A Memorandum of Understanding concerning the Bureau of Veterinary Medicine indicates an attempt to have all products that kill mites sold through veterinary offices only. This would include all Lindane products, all mange lotions, ear mite products and flea collars with mange claims.

As a quail hunter who has owned 4 or 5 dogs on the average for many years, I have frequently had to treat my English Setters for ear mites. Being a registered pharmacist, I do not recognize the need for further bureaucratic control.

(continued on page 26)

WE SCAN...

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Econoscan saves you order entry time. Simply scan the wand over the permanent shelf labels. A single pass orders the minimum quantity shown on the label. A second pass increases the quantity. Upon completion, your order goes by toll free phone to the McKesson Distribution Center.

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Charlotte, NC 28205
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You are Cordially Invited

to the

Mortar-and-Pestle Award Dinner

honoring

N. C. Pharmaceutical Association
1983 Pharmacists-of-the-Year

Rheta L. Skolaut

Milton W. Skolaut

Saturday evening
August 27, 1983
Eight-thirty o'clock
Informal

Searle Center
Duke University Medical Center
Durham, North Carolina

Mr. and Mrs. Milton W. Skolaut were chosen by the North Carolina Pharmaceutical Association for this high honor, with the announcement being made at the opening session of the 103rd Annual Convention in Boone, N.C., June 19, 1983.

Mr. and Mrs. Skolaut's contributions to all facets of Pharmacy and community life will be recognized by friends and colleagues during the program following the dinner.

The Mortar-and-Pestle Award which they will receive is the most coveted award granted by the North Carolina Pharmaceutical Association and will be presented by Ernest J. Rabil, immediate past president of the Association. David D. Claytor, current NCPhA President will preside at the meeting.

A reception will be held on the Terrace at the Searle Center, 7:30 p.m. prior to the dinner.

You may make your reservation for the dinner honoring Milton and Rheta by returning the reservation form below not later than August 17th. You may also request overnight housing at the Sheraton University Center adjacent to Duke Campus.

****

MAIL TO: A. H. Mebane, III, NCPhA, P.O. Box 151, Chapel Hill, NC 27514

Please reserve _____, place(s) for the Pharmacists-of-the-Year Dinner at $18.00 each (wives/husbands of members are most cordially invited). My check, made payable to NCPhA is enclosed.

Name _____

Mailing Address _____

_____ Zip _____ Telephone (___)_____

We have a small company in North Carolina—the Happy Jack Company—which manufactures some excellent mite control products. We at Kerr Drug Stores sell these products in all of our 35 stores. In my 16 years of management with Kerr Drug Stores we have always had products of this nature for sale to the general public at a reasonable price. We have never had a complaint regarding these products and their use to my knowledge.

Basically what I am saying is to urge you to follow the logic of an old Eastern North Carolina expression, "If it ain't broke, don't fix it."

Sincerely,

Jimmy S. Jackson
District Manager
Kerr Drug Stores

LILLY DIGEST

AVERAGE HOSPITAL PHARMACY
Preliminary Report

	1982 (2093 hospitals)	1981 (1940 hospitals)	Percent of Change
Bed capacity	244	263	− 7.8%
Class	Private (nonprofit)	Private (nonprofit)	
Profile	General	General	
Census (beds occupied)	71%	73%	
Admissions	8639	9311	− 7.8%
Length of patient stay	7.3 days	7.5 days	
Hours central pharmacy open/week	95	93	+ 2.1%
Pharmacist hours/week	275 (6.8 F.T.E.)	274 (6.8 F.T.E.)	+ 0.4%
Technician hours/week	252 (6.3 F.T.E.)	257 (6.4 F.T.E.)	− 2.0%
Support hours/week	116 (2.9 F.T.E.)	113 (2.8 F.T.E.)	+ 2.6%
Inventory	$111,161	$109,443	+ 1.6%
$ 1.76/Patient day		$ 1.56/Patient day	+ 12.8%
$ 456/Bed		$ 416/Bed	+ 9.6%
$ 642/Occupied bed		$ 570/Occupied bed	+ 12.6%
$12.87/Admission		$11.75/Admission	+ 9.5%
Purchases	$738,048	$676,088	+ 9.2%
$11.67/Patient day		$ 9.65/Patient day	+ 20.9%
$ 3025/Bed		$ 2571/Bed	+ 17.7%
$ 4261/Occupied bed		$ 3521/Occupied bed	+ 21.0%
$85.42/Admission		$72.61/Admission	+ 17.6%
Inventory turnover rate	6.6 times	6.2 times	
Floor area (central pharmacy)	1590 sq ft	1659 sq ft	
Services offered by over 50% of pharmacies:			
Monitoring patient profiles		Monitoring patient profiles	
Monitoring drug interactions		Monitoring drug interactions	
Providing drug information services		Providing drug information services	
Drug therapy consultation		Drug therapy consultation	

A PREVIEW OF 1982 HOSPITAL PHARMACY OPERATIONS

Selected operating data received from 2093 hospital pharmacies in the United States were tabulated to reflect a composite profile of the "average" hospital pharmacy for 1982. Because this hypothetical pharmacy represents a broad range of information, the figures may be too general to use for direct comparison. However, trends can be determined by comparing data with similar figures from the 1981 *Survey* of operations published in August, 1982.

The data in Table 1 show bed capacity for the average hospital at 244 in 1982—a 7.8 percent decline from the previous year. This reduction in bed size may be explained, in part, by the distribution of the overall sample for 1982, which was skewed somewhat toward smaller-sized hospitals when compared with the hospitals reporting 1981 data. Census declined from 73 to 71 percent during 1982. Admissions were also lower in 1982—down 7.8 percent—and resulted in a slightly shorter length of patient stay (7.3 days) than that of the previous year. Again, the largest segment of reporting hospitals was the private (nonprofit) institution.

The number of hours the central pharmacy was open as well as the hours worked by pharmacists and support personnel rose slightly during the reporting period, whereas technician hours worked declined slightly. It is worthy to note that the two-year fluctuation in pharmacist, technician, and support personnel hours is minimal. Overall, the total hours worked per week by the hospital pharmacy staff remained virtually unchanged in 1982 as compared with the figure for the previous year. The hours of pharmacist time required for each hour the central pharmacy was open during 1982 were also unchanged at 2.9 hours. However, the ratio of technician hours worked to hours open declined from 2.8 to 2.6 in 1982.

The dollar values reported for inventory and purchases were higher during 1982 (up 1.6 percent and 9.2 percent respectively). The estimated turnover rate showed another increase, from 6.2 to 6.6 times. Interestingly, if the inventory turnover rate had remained at 6.2 times during 1982, inventory would have been about $8000 higher, up 8.8 percent from 1981. Also noteworthy is that hospital pharmacy managers have improved their turnover rate one full turn since 1979—from 5.6 to 6.6 in 1982. These data indicate that managers of hospital pharmacy operations are continuing to exercise efficient control over inventory investment.

Comparisons between data representing two or more years' operations may be more accurately expressed in terms of patient days. During 1982, inventory equaled $1.76 per patient day, a 12.8 percent increase over the prior year. Purchases were $11.67 per patient day, a rise of 20.9 percent. Because these data do not account separately for inflation, it is impossible to measure its impact on inventory and purchases statistics. Therefore, the amounts shown do not necessarily reflect greater usage of drugs and related items by hospital patients.

Services offered by over 50 percent of hospital pharmacies that submitted data to the *Survey* remained unchanged from the previous year. Drug information services exhibited the largest growth rate during the two-year period, with 66.4 percent offering this service in 1982 as compared with 64 percent in 1981. This suggests that clinical services among reporting hospital pharmacists are continuing to expand.

A comparison of selected operating statistics over the seven-year history of the *Lilly Hospital Pharmacy Survey* shows the following trends:

—Pharmacy hours open rose from 74 to 95 (an increase of 28.4 percent or just over 4 percent per year).

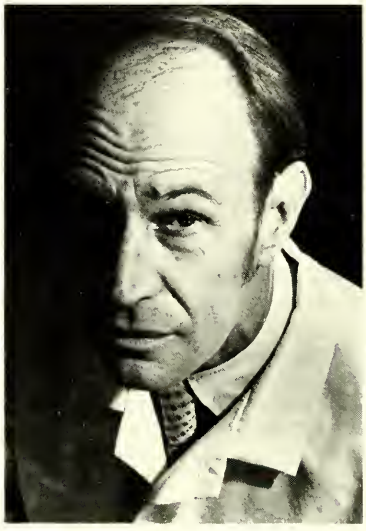
—Pharmacist hours worked per week increased 80.9 percent (from 152 to 275) or over 11 percent per year.

—Technician hours worked per week varied but increased overall from 129 to 252 (a 95.3 percent advance or over 13 percent per year).

—Inventory investment rose 61.9 percent, an annual growth rate of 8.8 percent for the seven-year period. In terms of patient days, the increase was 79.6 percent at an annual rate of 11.4 percent.

—Purchases grew 126.8 percent during this time span, with an annual growth rate of just over 18 percent. In terms of patient days, the increase was 151 percent, which reflects an annual rate of 21.6 percent.

Should I belong to True Pharmacy?



Chances are the answer is a resounding yes, especially if you are interested in a merchandising and advertising program which offers quality promotions, increased traffic and greater sales volume.

That's what True Pharmacy is all about. And 130 pharmacists* from Tennessee to Florida will readily tell you that True Pharmacy is every bit as good as its name.

True Pharmacy guarantees its members 100 percent sales of all health and beauty items it delivers. And True Pharmacy provides its members with advertising and promotional material for a small fraction of what it would cost each member to prepare his own.

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*References provided on request.

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BIRTHS

Carol and Joe Singletary, Mount Airy announce the birth of their son William Hopper Singletary on June 29. He weighed 8 pounds 3 ounces and was born at Northern Hospital of Surry County.

Mr. & Mrs. Albert J. Rachide, Kinston have a new son, Stephen Paul Rachide. Stephen was born April 13, 1983 and weighed 7 lbs. 7 oz. His paternal grandfather Albert P. Rachide, Jacksonville is a 1945 graduate of the UNC School of Pharmacy.

Lewis and Susan Cooper, Vass announce the birth of a son. Jonathan Graham Cooper was born on November 26, 1982 and has two older sisters, Jessica and Lauren. Lewis is a 1972 graduate of the UNC School of Pharmacy and owns Cooper's Pharmacy in Vass, N. C. The maternal grandfather is Mr. Hallie C. Reaves, Sr., Pinehurst Medical Center Pharmacy, Pinehurst, NC.

Norene and Ben (UNC '75) Brady, Fairmont, N. C. are happy to announce the birth of a son on April 7, 1983. His name is Jonathan Wesley Brady and he weighed 8 lbs. 13½ oz.

MARRIAGES

Debra S. Ellis of Raleigh and George Y. McAulay of Mt. Gilead were married Saturday, June 4 in White Memorial Presbyterian Church. The bride is a graduate of the University of North Carolina at Chapel Hill School of Pharmacy and is a pharmacy supervisor at Wake County Medical Center. The groom, a graduate of UNC is a lumber broker. They will live in Raleigh.

David Lynn Griffin and Beth Ann Bryant were united in marriage Saturday, July 17, 1983 in Shiloh Presbyterian Church, Burlington. The Rev. Norman Whitney officiated at the ceremony.

The bride received a bachelor's degree in speech pathology from the University of North Carolina at Chapel Hill where she was a dean's list student. She is currently employed by the Northwestern Bank.

David is a graduate of the University of North Carolina School of Pharmacy where he also was a dean's list student. He's a member of Rho Chi, national pharmaceutical honor society and was president of his pharmacy class. David is employed by Griffin's Pharmacy.

They will live in Graham.

JOINT COMMISSION OF PHARMACY PRACTITIONERS

The Joint Commission of Pharmacy Practitioners was established in 1977 and is designed to serve as a forum on matters of common interest and concern to national organizations of pharmacy practitioners. Members of the Joint Commission are: American College of Apothecaries (ACA), American Society of Consultant Pharmacists (ASCP), American Society of Hospital Pharmacists (ASHP), National Association of Chain Drug Stores (NACDS), and the National Association of Retail Druggists (NARD).

The Joint Commission facilitates effective representation of pharmacists on professional, legislative, and regulatory issues through analysis, interpretation, and exchanges of views on relevant issues. Although the Joint Commission has no intrinsic authority to speak for its members, as areas of agreement are identified, participating organizations can incorporate them into their position statements.

The Joint Commission meets quarterly and the member organizations chair and host meetings on a rotational basis. Representatives to the Joint Commission consist of the chief executive and elected officials of member organizations.

RX TO OTC SWITCH

The switch from "Prescription Only" to "Over the Counter" of a number of drugs, and the public trend to self medication are both factors in the 12 percent increase in 1982 of nonprescription drug sales according to a survey by Charles H. Kline & Company. Other factors include the introduction of multi-symptom products and extensive promotion of new entities in the market place.

RELIEF PHARMACIST AVAILABLE

Preferably not in the extreme eastern or western sections of state. References can be furnished. Contact: John A. Wilkinson, R.Ph., 1905 Rolling Green Court, Pfafftown, N. C. 27040. (919) 924-4027.

PROGESTERONE SUPPOSITORIES

For information on Natural Progesterone Suppositories used in the treatment of Pre Menstrual Syndrome (PMS), Contact Julian E. Upchurch, Upchurch Drugs, Durham. Phone (919) 477-7325 or 383-5117.

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PHARMACIST AVAILABLE

Full time, part time or relief pharmacist available in Raleigh, Durham and Chapel Hill area, either hospital or retail. Contact Singh Nguyen, (919) 967-5942.

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In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514. Telephone (919) 967-2237

PHARMACIST WANTED

Position available for pharmacist in Laurinburg at Scotland Memorial Hospital. Contact Don Chapman, (919) 276-2121, Ext. 299.

STAFF HOSPITAL PHARMACIST POSITION available. Full Time. Contact Brooks Harrell, Transylvania Community Hospital, Brevard, NC 28712. Call (704) 884-9111.

PHARMACIST WANTED

Aberdeen. No nights or weekends. Primarily nursing home involvement. Competitive salary. Potential for partial ownership. Call Ron Ward. 919-944-2181.

PHARMACIST WANTED

Southeastern North Carolina. About one hour from the coast. No nights, Sundays or Saturday afternoons. Good working conditions and competitive salary. Independent retail pharmacy. Write Box BS, NCPhA.

FOR SALE

Columbus Showcase Metal Fixtures—4 under counter units, 2½ Drug shelf units, 2 gondolas, counter tops. Bought new for $2000—used 8 months—will sell for $950.00. Will deliver in Coastal or Piedmont area for free. Call collect: 919-767-7304.

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2 tiered glass shelf display islands (3 ft. & 4 ft.) with storage on bottom, 4 ft. American greeting card display, 4½ ft. record album & 45 rpm display, 8-track tape display. All in very good condition. Call (919) 824-2151 or (919) 824-4034, Ramseur Pharmacy, Ramseur, NC.

PHARMACY FOR SALE

I will consider offers to purchase my pharmacy in Denton, NC, in Davidson Co. Will gross approx. $700,000 this year. Nursing home portion is about $145,000 with 235 beds in two facilities. Nursing home Rx is about ⅓ of total Rx business. Note: be aware my reasons for selling are a desire to relocate and the advent of plans for a Revco opening in this community. Contact Roger Efird, PO Box 1004, Denton, NC 27239. Home telephone (704) 869-2306.

PHARMACIST SEEKS POSITION

In retail in the Piedmont area. Would like to work with someone who is nearing retirement. Have NC license and 4 years experience in retail. Contact Dean Bryson, PO Box Drawer B, Eagleville, TN 37060. Call work (615) 274-6868 or Home (615) 890-7473.

PHARMACIST SEEKS CHALLENGING POSITION

In Hendersonville-Asheville area, in retail or clinic practice. Contact Dexter V. Anderson, 1084 Olive Street, G-8, Galesburg, IL 61402. Call collect (309) 343-8355.

WISH TO PURCHASE PHARMACY

Rural area preferred but will consider any. Please contact NCPhA, Box RBM.

ATLANTIC BEACH CONDOMINIUM FOR RENT

2 bedrooms, 2 baths, oceanside, swimming pool. Phone (919) 823-1107.

DIRECTOR OF PHARMACY POSITION

Available immediately at Union Memoria Hospital, Monroe. Must have 3-4 years e perience and working knowledge of un dose system. Contact Roger Simpso Union Memorial Hospital, PO Box 130, Mo roe, NC 28119. Phone (704) 289-8713 hom

FULL TIME POSITION IN INDEPENDENT STORES IN SOUTHERN NC

No nights or Sundays. Excellent salary with insurance benefits and vacation. If interested, send resume or address and telephone number: BB, NCPhA, PO Box 151, Chapel Hill, NC 27514.

POSITION AVAILABLE FOR STAFF PHARMACIST

Rutherfordton Hospital. 165 Bed Hosp. Unit Dose, T. R. N. Therapy, T. V. Additive to developed. Contact: Bob Edwards (704) 287-7371. Ext 418.

FULL TIME POSITION AVAILABLE IN A 334-BED CARE HOSPITAL

Must be registered in NC or eligible for reciprocity. Applicant must have hospital experience preferably with clinical or inservice background. Excellent working conditions. Salary negotiable. Forward resume to: Personnel Department, Wayne County Memorial Hosp., Box 8001, Goldsboro, NC 27530 or call (919) 731-6050. EOE.

PHARMACY FOR SALE

In Louisburg, NC. 240,000 volume, inventory 40,000, price 48,000. Call 492-3403 (Day) area code (919).

PHARMACY FOR SALE

Volume 300,000. 55% prescription. Contact Dewayne Franzen: (B) 272-3106 or (H) 288-0710.

POSITION AVAILABLE FOR PHARMACIST

Bissett's Drug Stores: Personal car furnished. Direct our PR Work (running clinics). Along with other duties. Contact Paul Bissett at (919) 243-5600, PO Box 785, Wilson, NC 27893.

WEEKEND RELIEF PHARMACIST AVAILABLE

Will travel Raleigh to the Coast. Fifteen yrs. exp. Weekends Call (919) 243-2344.

PHARMACY FOR SALE

Burned-out owner wishes to sell neighborhood drug store in Western North Carolina city. Aggressive management needed to restore profitability. If interested, write Box WTS, NCPhA, P. O. Box 151, Chapel Hill.

PHARMACIST AVAILABLE

For work, either in hospital or retail in Chapel Hill area. Also willing to do relief work. Temporary fee is $8.00/hour. Contact Box DKS, NCPhA.

RELIEF PHARMACIST WANTED

Relief pharmacist wanted for apothecary type shop in Raleigh, for the week of August 6 through August 13. Hours—9 to 6 M/F and 9 to 1 on Saturday. Call Frank Yarborough, Day 832-0311, or evening 467-8786.

RX INVENTORY FOR SALE

I would like to sell, AWP, $17,000 of Rx inventory. Best offer. Contact: Al Benthall, either 332-2882, 356-2682, or 794-4595. (919) area code.

Would like to do Relief work in Raleigh or East of Raleigh area. Contact: Al Benthall at either: 332-2882, 356-2682 or 794-4595. (919) area code.

PHARMACY FOR SALE

Shelby, N. C. Volume $325,000. 86% Prescription very profitable. Professional pharmacy atmosphere, gift & card selection extensive. Provides rest home service. Will sell or lease building. Contact Harry Mitchell, 204 Rhyne Rd., Lincolnton, N. C. 28092.

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Compute-Rx

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SEPTEMBER 1983 VOLUME 63 NUMBER 9

Convention Registrars, Tom Burgiss (NCPhA) and L.M. (Mac) McCombs (TMA) ponder the question of the day during the 1983 Convention in Boone. ***photo by Colorcraft***

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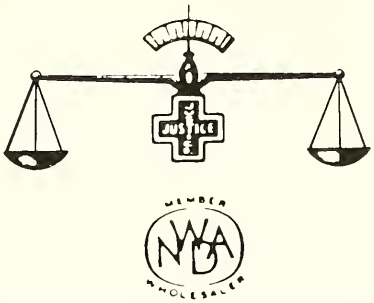

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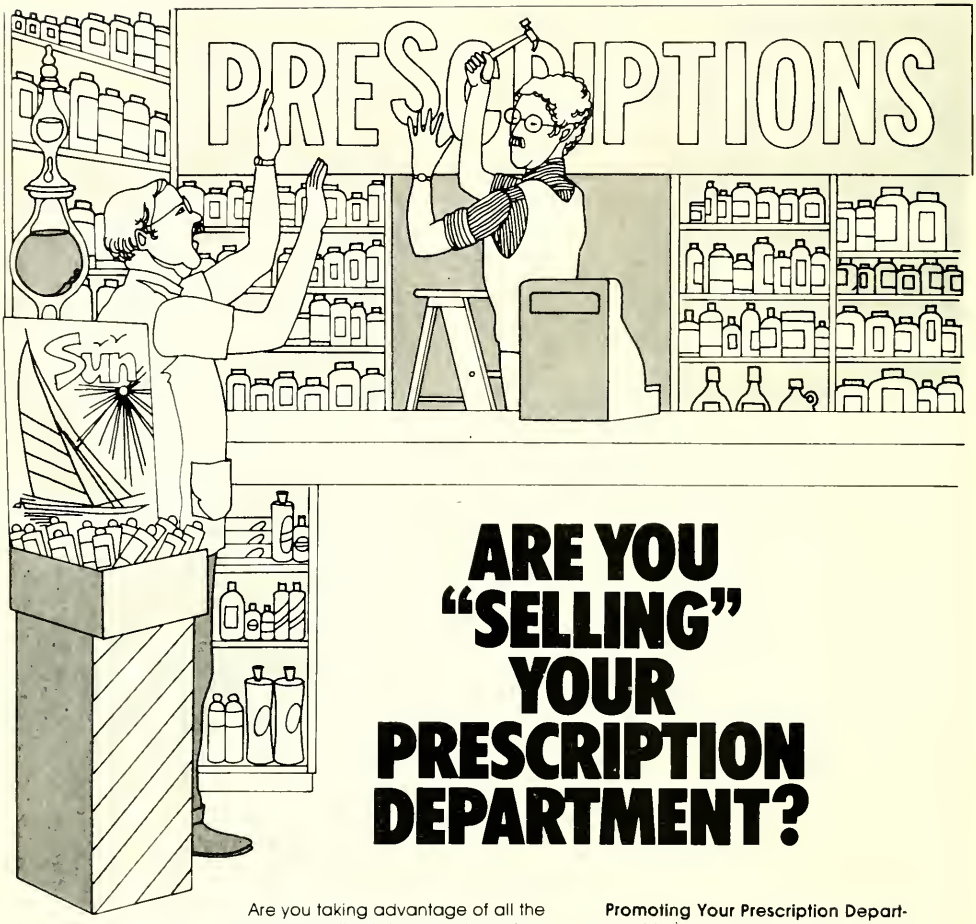

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

DEVELOPING SKILLS FOR JOB SUCCESS*

On the afternoon of July 20, 1969, the world was treated to these now-famous words from a large pile of rock more than a quarter million miles away in space, "The Eagle has landed."

Hundreds of millions of people worldwide heard the message; few heard without emotion and a deep sense of pride in the human spirit. It raised hopes of a better tomorrow, of a chance someday to escape the mess we have made of this planet to a new world. A chance to begin again, to do a better job this time.

This same feeling swells up in most everyone at times—the desire to get away from it all, even to run, to find our own "new world" and begin afresh. At times we long for peace and quiet, for the simpler times when "things" were going our way. Rarely are we sure where it is that we want to go or what we really want. We just want "out."

The same feelings sometimes occur on the job. Feelings of "If I had only . . ." (pick a favorite)

". . . had studied something else instead of pharmacy."

". . . taken that other job I was offered."

". . . told the boss how I really felt."

". . . been more cooperative instead of fighting the new boss."

". . . gotten that promotion."

". . . been luckier and gotten a few breaks."

". . . inherited some money so I could buy my own pharmacy."

. . . happen to all of us on occasion. Some pharmacists feel they would be happier as managers; others dream of the day they will own their own chain. Managers sometimes wish for a simpler life when they were "just pharmacists" and someone else worried about how to pay the bills. Owners periodically muse about how much they could get for their pharmacies when times are rough.

Such feelings are normal. They are rarely a real problem, unless allowed to be. Indeed a few people do run, only to find that "running away" is not a solution. The only change is the scenery. Others develop the attitude of the dreamy-eyed lion, popularized in greeting cards and posters, who admonishes us to "Hang in there, baby." Still others take a page from Thoreau and lead lives of quiet desperation.

Fortunately, most people refuse to allow circumstances to rule—or ruin—their lives. They take bold, strong steps to improve their lot and end up enjoying their lives and work much more.

One way to make things better is to be more successful, because successful people are usually happier. Success means different things to different people, but most agree that success on the job means security, advancement, and appreciation.

To date no one has formulated the perfect recipe for success. Suggestions range from being the proverbial "nice guy", who smiles all the time and never sees a problem or anything wrong, to looking out exclusively for number one and the heck with everyone else, and all points in between.

Continuing a search for a formula that has eluded the best philosophers for generations seems fruitless. On the other hand, it is useful to study what the top people in industry and government did to get where they are, and similarly, look for in their successors.

THE CLIMB UPWARD

Successful people are *reliable* professionals. Their words are their bond, their deeds consistent. They deliver what they promise. They show up for work—on time—every day. They give their employers a full day's effort and can be counted on to do their jobs right. Managers learn to rely on them and have faith that they can be trusted to do what is expected of them.

A pharmacist who decides to go ahead with a scheduled vacation, when a coworker becomes disabled and the prescription department is short-handed, is not a reliable worker. Neither is the pharmacist who stays out too late the night before, then limps through the day on only two cylinders.

Relatedly, successful people are *team players*. They realize that they are part of an organization that either advances or fails in direct proportion to how well they do their job and support the other players. A team player is not worried about getting the credit, only that the job gets done well. The adhere to Ronald Reagan's belief that "there is no limit to what a person can accomplish, if he is not concerned who gets the credit." Team players are not glory seekers who "play" for the cameras.

JOB SUCCESS—cont.

Team players spend their time helping other employees, even if they do not like them personally. They teach, rather than criticize. They help, rather than ridicule. They pitch in, instead of walking past work that is not theirs to do.

A team player makes sure that everyone is included when it is time to say thank you for a job well done. They recognize that any project, or task, requires the cooperation of *all* pharmacy employees, not just the glamour players. Technicians, secretaries, and delivery personnel all share in the work, satisfaction, and credit, when a team player is involved.

Team players realize that someone ultimately has to make final decisions, and do not "pout" when the manager makes a decision that is contrary to their views. Team players accept the decision as a marching order and enthusiastically support it, because they know that it is meant to help the whole organization.

INTEGRITY

Successful people have *integrity*. They can be trusted with sensitive information; they are honest. They do not take advantage of any situation, simply because it is to their temporary advantage.

Suppose a pharmacist realized that a patient did not understand how to take his medications, even though the pharmacist had explained it thoroughly. The proper course, obviously, would be to reexplain the directions to be sure. The same principle holds true in business and work dealings. If a subordinate or a supervisor did not fully understand what they were agreeing to, it might be easy to take advantage of the situation for personal gain. The same can be true in dealing with a supplier. A worker with integrity, however, would not take advantage.

This attribute is very important, so much so, that it was the most frequently mentioned characteristic when CEOs were interviewed for a recent article in *Fortune* magazine about successors for the top spots in Fortune 500 companies.

Successful people are *valuable* to their employer. They do their jobs well, are eager to accept new assignments, take the time to learn jobs outside their immediate purview, and give more than is expected of the average employee.

They learn to do the things their supervisors dislike doing, do poorly, have no time for, or forget to do. They try to eliminate discordance from their supervisor's world.

One pharmacist learned early that her new manager hated doing third-party claims. They piled up for weeks, because the manager dodged the work. Rather than ignore the situation—which is so easy to do—this pharmacist asked if she could take over the preparation of third-party claims. Because there was little time during the day, she started arriving about an hour before work and staying late when necessary. In a very short time, the claims were current, the pharmacy's cash flow was much improved, and the error rate—which had been very high because the manager gave little attention to a job he disliked—was reduced by more than 90%. She then trained a clerk to do the claims.

DELEGATION

This same pharmacist next noticed that the manager virtually exploded when the vial drawers were empty, there was no change in the safe, or no paper in the computer printer. Rather than ignore these aggravations, she started making a list of all the things that "set the boss off." She then systematically eliminated all of them by first doing the work herself, then eventually assigning each task to appropriate pharmacy personnel.

This same pharmacist did not stop here. She organized purchasing so salesman would visit by appointment on a scheduled day, rather than just wandering in when a physician was not available, reorganized the prescription department to reduce the number of steps needed to handle more than 75% of all prescriptions, and designed the work schedule so all three pharmacists could have an extra day off each month.

A rare pharmacist? Maybe. A valuable pharmacist to her employee? Absolutely! Within two years this pharmacist was made the manager of a new pharmacy opened by her employer, while a pharmacist with five years more experience failed to get the nod.

Successful professionals exhibit *employment maturity*. They realize that they are not always going to get their way; that some projects will fail because there is not enough money, no one else is excited about them, or

JOB SUCCESS—cont.

they are just bad ideas; and they recognize that "workers" and "bosses" are not on different teams, they are just responsible for different areas of the organization. They stick to issues not personalities.

The mature professional appreciates that everyone, including the manager, has bad days or even bad weeks when they are at war with themselves and the world. They recognize that short tempers, overly sensitive reactions, and inconsistent behavior everyone experiences at times are not aimed at anyone, least of all, the valuable, reliable, mature professional. They learn to accept the human condition in all employees, patrons, and suppliers and never take it personally.

Successful people are good *leaders*. They learn to rally people around them and appreciate that a leader has to take a stand on the issues. They recognize that trying to be all things to all people—some people call this being two-faced—is not being a leader. Leaders know that straddling the fence on an issue—in effect, trying to please everyone—is the worst place to be. Leaders take a stand based on careful assessment of their convictions, and not always the popular one.

As a leader, it is inconsistent to cry foul to other employees when someone is fired for insubordination, then in the next breadth, encourage the manager to get tougher with employees. A leader does not wait for someone else to correct a wrong, set the record straight when rumors abound, or stand up for what is right. And standing up for what is right in pharmacy includes standing up for what is first right for the patient and for pharmacy. If that means being at odds with everyone else, that is what being a leader is all about.

Successful professionals also have *vision*. They see opportunity where others see only problems. They welcome a challenge and are at their best when the situation seems most hopeless.

A good example of this principle resulted from a pharmacist being dismissed by a pharmacy with a large nursing home business. As a single parent in a local marketplace glutted with pharmacists, it would have been easy to wallow in self pity. Rather than give up, this pharmacist recognized this

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JOB SUCCESS—cont.

is still a free country and decided to turn misfortune into opportunity.

Within a relatively short time, this young pharmacist turned what could have been a disaster into a successful nursing home pharmacy. And did so by attracting the accounts of the former employer, and creating one of the first nursing home-only pharmacists in the Midwest.

Another turned near disaster into success for all concerned. Frustrated by his manager saying that the landlord was going to double the rent, this pharmacist did a little research and found that shopping centers in the area were losing tenants whenever rents went up more than 10% at a time. He also went to see all the other businesses in the shopping center and found out that most would have to leave if the announced increases were effected. Armed with this evidence, this enterprising pharmacist went to see the landlord. In a non-threatening presentation designed to show the landlord what would happen in the long run if he insisted on such a steep increase, the pharmacist was able to convince the landlord to rescind his decision in favor of a 10% increase.

Seeing opportunity where others see only problems is often accompanied by unbridled optimism and tenacity. On the other hand, successful people realize that they will not always be successful more prevail on all issues. Even more, they recognize that the most successful people in the world have faced adversity and have failed miserably at times. But still they try!

They are the ones that listened on July 20, 1969 and heard more than the silence of the Moon as we took "one small step for man and one giant step for mankind."

---

* By Bruce R. Siecker, Ph.D., Director, APhA Pharmacy Management Institute and Professor of Pharmacy Administration, and Kenneth R. Shrader, Ph.D., Dean, School of Pharmacy, Northeast Louisiana University.

APhA PROGRAMS BOOST COMMUNITY EDUCATION

The American Pharmaceutical Association's Academy of Pharmacy Practice (APP) has developed a series of three community education programs designed to help consumers and patients better understand the medications they take and what they can do to use them safely and effectively.

The three programs—the National Medication Awareness Test, the Health Check Test, and the Self Medication Awareness Test—are designed for presentation to community groups by pharmacists in their community and were developed with the support and cooperation of Lederle Laboratories.

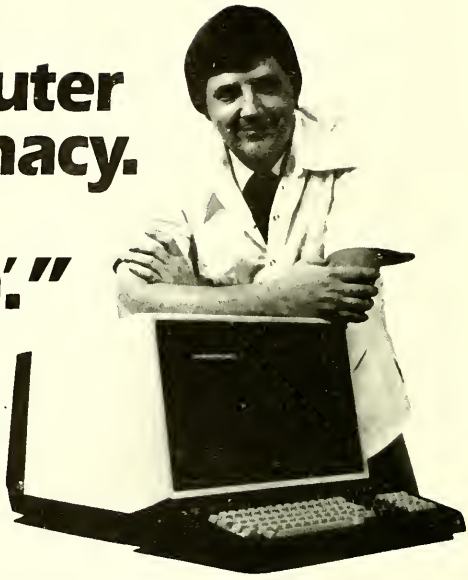
The programs are slide-tape presentations in a question-and-answer format. Program participants are given score sheets upon which they mark their answers to the multiple choice questions presented during the audiovisual presentation. After the audiovisual portion of the program, the pharmacist presenting the program helps the audience "grade" their answer sheets by giving the correct answers to each of the questions and explaining, with the help of slides provided with the program, why the answers are correct. The pharmacist also answers any questions the audience has about information in the program.

Although similar in format, the three programs have different objectives:

- The National Medication Awareness Test focuses on information the patient needs to know about his or her medication, how to take it, and how it works in the body.
- The Health Check Test emphasizes the kinds of information the patient needs to take an active part in his or her own care and introduces a unique record-keeping system for prescription and nonprescription medications taken and other health care services received.
- The Self Medication Awareness Test stresses that nonprescription drugs must be selected and used with the same care that is exercised with prescription drugs and provides information the patient must have to determine if self medication is desirable, and if so, how to self-medicate safely and effectively.

A planning guide giving complete information on how to obtain and use the programs is available from: Academy of Pharmacy Practice, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, DC 20037. Ask for "Community Programs Planning Guide" and enclose a self-addressed, gummed label to facilitate handling.

"I didn't buy just a computer for my pharmacy. I bought 'The Solution'."



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RESOLUTIONS

Adopted by the North Carolina Pharmaceutical Association, in convention assembled, June 21, 1983, Boone, North Carolina

APPRECIATION TO WANDA AND PAUL BRANCH

Whereas, Wanda and Paul Branch, 1983 Convention Co-Chairmen, have done a superb job of organizing and planning the 1983 Convention, and

Whereas, the members of the North Carolina Pharmaceutical Association, the Woman's Auxiliary and the Traveling Members' Auxiliary have had a most enjoyable and productive meeting, and

Whereas, the hard work of the Branches has been rewarded with many hours of pleasure on the part of the convention attendees, therefore

Be it resolved, the Convention expresses its wholehearted appreciation to Wanda and Paul Branch.

AVAILABILITY OF DRUGS FOR OTC VETERINARY PRODUCTS

Whereas, the Bureau of Veterinary Medicine of the Food and Drug Administration is recommending to have all products used for the treatment of animal mange and contain lindane, such as mange lotions, ear mite products and flea collars with mange claims, restricted to a prescription of a veterinarian, and

Whereas, the pharmacies of this country have safely and economically dispensed these products for effective treatment of farm animals, hunting dogs and pets, therefore

Be it resolved, the North Carolina Pharmaceutical Association recommend to the Food and Drug Administration that such a regulation not be imposed upon the people of this country, as it would be a hardship on many of our citizens, especially the farm families who, in many cases, have effectively and safely treated their own animals for many years and should be allowed to do so in the future, and

Be if further resolved, the North Carolina Pharmaceutical Association recommend to the Food and Drug Administration that they reconsider the regulation restricting the sale on veterinary tetrachlorethylene anthelminics, a product which has been used safely and effectively for forty years, and therefore with proper labeling should be available for the use of animal owners without the restrictions imposed by the FDA.

PHARMACY REPRESENTATION ON AHEC BOARDS

Whereas, the nine regional Area Health Education Centers handle the majority of the Continuing Education for Pharmacy in their respective areas, and

Whereas, the 92 L Academic Internship program of the UNC School of Pharmacy is administered on a local level through the AHEC, and

Whereas, the state charters and enabling legislation for AHECs in North Carolina charge them with promoting all health care and ALL health professions in their areas, and

Whereas, the board of directors of each AHEC is either the area's major hospital board of directors or an established board that specifies only medical doctors, hospital administrators and hospital board members may serve, and

Whereas, the only way a pharmacist can be on an AHEC board is by virtue of being a member of the hospital board of directors, therefore

Be it resolved that the North Carolina Pharmaceutical Association actively pursue representation on AHEC boards so continuity can be achieved, and

Further be it resolved that this resolution be called to the immediate attention of the NCPhA Committee on Public and Professional Relations for their recommendation.

(continued on page 11)

ASHEVILLE

Beverly Hills Pharmacy was broken into the weekend of January 22, 1983 and robbed of all Schedule II drugs. The front door lock was knocked out and the burglar alarm was disconnected. Only the drugs and about fifty dollars in the register was reported stolen.

Our best friends are our severest critics and our greatest assets.

Meet our 1983 Pharmacy Consultant Panel.

Lonnie Hollingsworth, R.Ph.
Community Pharmacist
Lubbock, Texas

Louis M. Sesti, R.Ph.
Executive Director
Michigan Pharmacists Association
Lansing, Michigan

Marilyn Stotteldt, Pharm.D.
Clinical Services
Good Samaritan Hospital
Portland, Oregon

Donald Hoscheit, R.Ph.
Vice President, Pharmacy
Osco Drug, Inc.
Oak Brook, Illinois

Martin Lambert, Ph.D., R.Ph.
Community Pharmacist
Knoxville, Tennessee

Stephen D. Roath, R.Ph.
Vice President, Director of
Professional Affairs
Longs Drug Stores, Inc.
Walnut Creek, California

Julio Ciolazzi, Ph.D.
Dean, College of Pharmacy
Rutgers University
Piscataway, New Jersey

Paul Burkhart, R.Ph.
Director of Pharmacy Services
University of Washington Hospitals
Seattle, Washington

No diplomatic double talk.

We need the advice of pharmacists in order to do a better job for pharmacists. The bad news and the good.

That's what the ten members of our 1983 Pharmacy Consultant Panel provide.

Their views on professional and other pertinent matters are invaluable.

Their advice and counsel helps us serve you better in the expanding role of pharmacy.

Carl Lyons, R.Ph.
Institutional Pharmacist
Tulsa, Oklahoma

Lawrence A. Diaz, R.Ph.
Community Pharmacist
Gainesville, Florida

Upjohn

REIMBURSEMENT FOR
SPECIAL SERVICES TO
THE INSTITUTIONALIZED ELDERLY

Whereas, the number of elderly in North Carolina is increasing rapidly, and

Whereas, risks of drug therapy in the elderly are greater than those faced by the general population, and

Whereas, additional services such as chart review and unit dose packaging have been documented to benefit the institutionalized elderly patient, and

Whereas, the economic burden of providing the full scope of professional services to this unique patient population is substantial, therefore

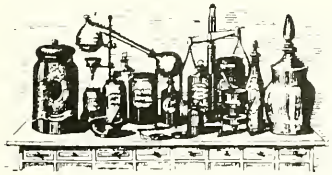
Be it resolved, the North Carolina Pharmaceutical Association pursue reasonable reimbursement for special pharmacy services to institutionalized elderly of North Carolina.

LATEST GALLUP POLL

Clergy and pharmacists are still thought most ethical and honest by the American public, according to the latest Gallup audit of 24 professions. At the bottom of the list are advertising practitioners and car salesmen.

The results are based on 1,534 personal interviews with adults, 18 and older, conducted in more than 300 scientifically selected localities across the nation during May 20-23. Statistically, there could be a three percentage error either way based on the sample size, so it is possible that pharmacists could be the leader in the poll.

Clergymen were rated "very high or high" in honesty and ethical standards by 64% of the public; pharmacists were rated "very high or high" by 61%. In the previous poll in 1981, pharmacists were rated "very high or high" by 59% of the public.



Paul Branch, Convention Chairman.
(photo by colorcraft)

ELIZABETH AYERS APPOINTED TO ASSEMBLY ON WOMEN AND THE ECONOMY

Governor James B. Hunt, Jr. has appointed Elizabeth L. Ayers to serve on the North Carolina Assembly on Women and the Economy. The assembly is composed of men and women who are knowledgeable about the issues surrounding the economic role of women in North Carolina. It includes representatives of civic and professional organizations, business and industry who are concerned about the factors that affect women and work.

Assembly members, who serve as volunteers without pay, will study key issues and make recommendations to the Governor's Conference on Women and the Economy to be held in Raleigh October 31-November 2, 1983, at the Civic Center. The conference is expected to develop policy recommendations to improve women's participation in the economy. The assembly and conference will be chaired by Senator Wilma Woodard and Representative Al Adams. Dr. Juanita Kreps of Durham has been named honorary chair.

Ayers is a 1976 graduate of the UNC School of Pharmacy and is Chief Pharmacist at Forsyth Memorial Hospital in Winston-Salem. She is National President of Kappa Epsilon Fraternity and has served as state president. She is married to Dennis Ayers.

T. M. A. FOUNDATION 1983-1984

OFFICERS

Chairman—Tom Sanders
Secretary-Treasurer—W. P. Brewer
Asst. Sec.Treas.—L. M. McCombs

EXECUTIVE COMMITTEE

Tom Sanders..... Chairman
Rush Hamrick, Jr.
L. M. McCombs
Frank Fife

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Don Ahern
Rueben Russell
Tom Sanders

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Ray McArtan
Frank Fife
Zack Lyon
Ralph Rogers, Jr.

3 Years
DeLacy Luke
W. F. Elmore
Bobby McDaniels
Roy Moss

T. M. A. FOUNDATION MEETING

June 20, 1983
8:00—Breakfast
Center for Continuing Education
Boone, N.C.

Tom Sanders, Chairman, called the meeting to order.

Last years minutes were read by Mac McCombs. A motion was made by Zack Lyon and seconded by Roland Thomas that the minutes be approved. The motion passed.

Bill Brewer gave the treasury report showing $16,568.06 in savings. The Savings books were audited and reported to be in good order.

Tom Sanders suggested that we give more money to Chapel Hill for the Loan Fund. A motion was made by Rusty Hamrick and seconded by Roy Moss that the Foundation give $1500.00 as of July, 1983. The motion carried.

A motion was made and seconded that we add some new blood to the Foundation Board of Governors. Two year directors to one year; three year directors to two years. The three year directors are DeLacy Luke, W. F. Elmore, Bobby McDaniel, and Roy Moss.

The Officers and Executive Committee were re-elected.

69th MEETING OF T.M.A. BOARD OF GOVERNORS AND OFFICERS BREAKFAST MEETING 9:00 A.M. June 20, 1983

The meeting was called to order by President, Rusty Hamrick. The minutes were read with one correction. Justice Drug Company furnished the Golf carts instead of Owens Illinois. A motion was made by Tom Sanders and seconded by Frank Fife that the minutes be approved as corrected. The motion carried.

The treasury report was given by Mac McCombs showing a balance on hand of $6,199.08. Letters of thanks from the loan recipients were read:

Gloria S. Velasquez
Dan Hart

A letter requesting life membership was received from W. P. Brewer, Sr. and read. A motion was made by Tom Sanders and seconded by Frank Fife that the request for life membership be granted to Mr. Brewer. The motion passed.

Nominating Committee Report was given by Roy Moss (Chairman).

President—Roy M. Moss, CMR (A. H. Robins Co.)
1st Vice Pres.—W. C. Warren (Justice Drug Co.)
2nd Vice Pres.—Stephen L. Collins (Burroughs Wellcome)
Sec/Treas.—L. M. McCombs (Eli Lilly & Co.— Retired)
Asst. Sec/ Treas.—D. F. McGowan (Eli Lilly— Retired)

A motion was made by Roland Thomas and seconded by Ralph Rogers that the slate of officers for 1983-84 be accepted. The motion carried.

Entertainment—W. C. Warren reported on the dance for Tuesday night. Burt Massengale Orchestra will play (Cost $1200) and that everything was set and ready for the dance.

Kelly Garrett sent a message by Mac McCombs that Owens-Illinois would like to sponsor the golf tournament for 1983-84 Convention.

SIXTY-NINTH ANNUAL MEETING
T. M. A.

Center for Continuing Education
Boone, N.C.
June 21, 1983

The 69th Annual meeting of the T.M.A. was called to order at 11:00 A.M. by President C. Rush (Rusty) Hamrick, III.

The invocation was given by W.P. Brewer, Sr.

Rite of Roses was conducted in memory of the following by Bill Elmore and Roy Moss; followed by a moment of silent prayer for:

Norman B. Moury (Wampole Co.) 8/23/82
O.C. Trodgen (Justice Drug) 2/7/82

The minutes of the last meeting were read by L.M. McCombs. A motion was made by Bill Elmore and seconded by Jim North that the minutes be accepted as read. The motion carried.

The treasury report was given by L. M. McCombs showing a balance on hand of $6,199.08. Tom Sanders made a motion that we get more interest on the money in savings. It was seconded by DeLacy Luke, and the motion carried.

Mrs. A. C. Dollar (President of the Womens Auxiliary) brings greetings and thanks for our part in the Convention. Mr. Ernest J. Rabil (President of NCPhA) thanked the T.M.A. for our support of the Convention. He also stated that the Convention would not be the same without our help.

President Hamrick read By-Law #8 pertaining to merchandise displays or soliciting orders at the Convention without the permission from the Board of Governors. There was no comment from the floor.

President Hamrick read the following letters from:

Gloria S. Velasquez
(Loan Recipient)
Don Hart
(Loan Recipient)
Mrs. Mary Cromwell
(Daughter of N.B. Moury)
Mrs. D. F. McGowan
(In regard to Daves condition)

T.M.A. Foundation Report was given by Tom Sanders, Chairman. He reported monies of $16,568.06 on hand and that $1,500.00 would be sent to Chapel Hill to be used for loans to students.

The audit report was given by Zack Lyon. He reported that the books were in order. A motion by Zack Lyon and seconded by Rush Hamrick that the audit be accepted. The motion passed.

Entertainment—W. C. Warren reported that everything for the dance Tuesday night was set and ready.

Unfinished Business—NONE

New Business

Life Membership was requested for W. P. Brewer, Sr. A motion was made by Tom Sanders, and seconded by Roland Thomas that Mr. Brewer be granted Life Membership. The motion passed.

Nominating Report—Given by Roy Moss, Chairman as follows:

Roy M. Moss (CMR)—President
W. C. Warren—1st Vice President
Stephen L. Collins—2nd Vice President
L. M. McCombs—Secretary/ Treasurer
D. F. McGowan—Asst. Secretary/Treasurer

A motion was made by Roland Thomas and seconded by Jim North that the slate of officers be accepted. A motion was made by Tom Sanders, seconded by Bob Case that the nomination be closed. The motions carried.

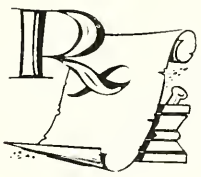
The officers were installed by C. Rush Hamrick. Rusty thanked everyone for their support and then turned the meeting over to the new President, Roy Moss.

Roy Moss presented the President's plaque to C. Rush (Rusty) Hamrick, III.

President Moss asked for the help and support for the coming year.

There being no further business, the meeting was adjourned.

L. M. McCombs
Secretary/Treasurer



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Issued 8/1/83
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90 Carolina East Mall
Greenville, NC 27834
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Issued 8/1/83
Pharmacy Services
P.O. Box 244
Leland, NC 28451
David Sherrill, Ph-Mgr.

Issued 8/1/83
Revco Discount Drug Center
Intersection Rt. 5 & 218
Mint Hill, NC 28212
Gary Michael Medlin, Ph-Mgr.

Issued 8/1/83
Revco Discount Drug Center
Summerfield Sq. S C
Summerfield, NC 27358
Richard Smutney, Ph-Mgr.

Issued 8/4/83 T/O
Whitehead Drug Company
120 Whitfield Street
Enfield, NC 27823
David Charles Drum, Ph-Mgr.

Issued 7/13/83
Travacare Pharmacy
2800 South Boulevard
Charlotte, NC 28220
Joseph Webber Crowell, Jr., Ph-Mgr.

Issued 7/18/83
Eckerd Drugs
Blue Ridge Mall
Hendersonville, NC 27839
G. L. Winn, Ph-Mgr.

Issued 7/18/83
Revco Discount Drug Center
411 South Second Ave.
Mayodan, NC 27027
Nicholas S. Stevenson, Ph-Mgr.

Issued 7/18/83
Hampstead Village Pharmacy
Hwy. 17
Hampstead, NC 28443
Irwin H. Kaplan, Ph-Mgr.

Issued 7/18/83
Village Pharmacy of Advance, Inc.
Rt. 3, Box 253-B
Advance, NC 27006
James Andrew Sitison, Jr., Ph-Mgr.

Issued 7/20/83
The Medicine Shoppe
956 N. First Street
Albemarle, NC 28001
Stanley Leggett, Ph-Mgr.

Issued 8/10/83 T/O
Smith Pharmacy of Fuquay-Varina, Inc.
403 Wake Chapel Road
Fuquay-Varina, NC 27526
John H. Smith, Jr., Ph-Mgr.

THE AUXILIARY BOONE-IN-JUNE EXPERIENCE

Sunday afternoon, June 19—

The lobby of the Center for Continuing Education was filled with people waiting to register for the NCPhA Convention. Nobody seemed to mind the lines; it was a time for hugs and handshakes as old friends were greeted. Socializing was curtailed just long enough for everyone to freshen up and dress their partybest for the opening night banquet.

The meal beginning with a fresh fruit appetizer, chicken cordon bleu, green beans, and potatoes was spectacular. The homemade rolls were so delicious they could have passed for dessert! The highlight of the evening was the delightful talk by Jeanne Swanner Robertson. She kept her audience laughing non-stop for well over an hour.

At the conclusion of the meeting Auxiliary members were delighted when the announcement came that one of their own—a former president of the Auxiliary—had been named Pharmacist-of-the-year along with her husband—Rheta and Milton Skolaut—both pharmacists shared the honor.

On Monday morning there was a special breakfast for past presidents and the current executive board members. Everyone present expressed the hope that it will become an annual affair.

The bus ride was probably the least pleasurable part of the Boone experience. The scenery was breathtaking and enjoyed by most. A few less hearty souls, however, seemed to develop queasy stomachs due to the curvy mountain roads and the eratic manuevers of the bus drivers!

The Tour of the Frescoes was truly a moving experience. Father Hodges, the rector at St. Mary's Church, told of how the two little churches came to be the recipients of the Frescoes—how the artists lived there and the reluctance of the community to accept them —how different men of the community served as models for the 11 Apostles. Such an animated story teller was Father Hodges that at one moment the congregation was laughing, at the next somber. By the conclusion of the sermon there were few dry eyes.

Shatley Springs provided not a luncheon, but what used to be called dinner (the midday meal as opposed to supper that was eaten at 6:00 p.m.) The portions of chicken, steak, or country ham and the variety of vegetables, biscuits, and gravy made one wonder if the establishment expected those lovely ladies to plow the fields that afternoon or if they thought it would be their only meal while attending the convention. The lady who told "jack-tales" and the couple who provided dulcimer music were all appropriately applauded.

That feast had barely settled when it was time to partake of a Patio Cookout—King size hot dogs and hamburgers plus all the trimmins' produced a new slogan: "Betcha can't eat *even* one!" In jeans and colorful skirts the couples moved on to the Convention Center at the Holiday Inn for a lively square dance. When everyone was in a state of near exhaustion there appeared in the lobby a welcome repast of drinks, sandwiches, cheese and crackers, popsicle and ice cream sandwiches.

On Tuesday morning Auxiliary members came early enough to enjoy coffee and sweet rolls and to socialize before the business

(continued on page 17)

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session. The main order of business was the approval of a change in the By-laws to increase yearly dues to $8.00 except for Senior Citizens who may, if they choose, continue to pay $5.00. I gave my President's Report, Sue Chapman read the Resolutions; Jerry White presented the report from the Nominating Committee; and Neta Whaley gave a moving memorial to Myrt Anselment, Charlotte, who died in March. Other reports were presented in written form. The meeting was adjourned to be resumed at the Green Park Inn in Blowing Rock.

The elegance of Green Park Inn was quite a contrast from the rustic setting of Monday's luncheon. The meal was delicious and the entertainment by the Horn in the West Singers was a real treat. Ernie Cocolas installed the new officers and Mary Good the new President of the Auxiliary spoke briefly before the conclusion of the meeting. The ladies then spent some time browsing in the quaint little shops of Blowing Rock before returning to Boone.

The Installation Dinner Tuesday evening was of special significance to the Auxiliary because the winner of the Vacation raffle was announced. Mr. Howard Yandle, Durham was the lucky ticket holder to a mini vacation at Lib and Keith Fearing's beach cottage. Another surprise was the gift from Micky Watts of a week's vacation at Garden City, S.C., which was auctioned. A beautiful quilt made by an anonymous donor went to the highest bidder, Midori Miya. The total of these projects and the sales made in the Craft Room was $xxxx. This will go a long way in supporting the Auxiliary Scholarships and loan programs as well as other pharmacy projects.

The three day Convention concluded as the participants danced to the music of Burt Massengales orchestra. Everyone had the highest praise for Wanda Branch and her committee for making Boone in June 1983 a time to remember.

Mary Garden Dollar
President

Left to right: Mary Good, Shirley O'Neal, Sue Chapman, Betsy Mebane and Jean Morse, busy planning Woman's Auxiliary activities, or looking at baby pictures, during the Convention in Boone (Photo by Colorcraft)

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1983-1984

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	W P Brewer, Sr	Box 22025, Greensboro NC 27420
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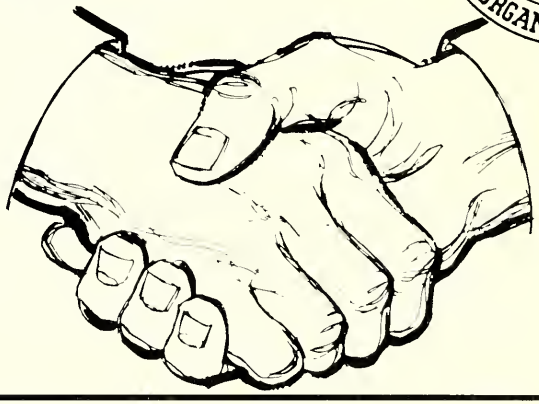

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	Raymond E Canipe	416 Leander St, Shelby NC 28150
	C Rush Hamrick, Jr	Box 1060, Shelby NC 28150
	C Rush Hamrick, III	Box 1060, Shelby NC 28150
	Gordon G Hamrick	Box 1060, Shelby, NC 28150
	Bobby D McDaniel	615 Country Club Rd, Shelby NC 28150
	Hartwell M Smith	1504 Briar Creek Rd, Shelby NC 28150
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	W T Brinkley	2805 Geer St, Durham NC 27704
	Frank Butler	3020 Eton Rd, Raleigh NC 27608
	Charles L Kimball	320 Northview Dr, Fayetteville NC 28303
	Zack W Lyon	15 Glenmore Dr, Durham NC 27707
	Charlie Manning	Rt 5, Box 413, Washington NC 27889
	Charles Puryear	1300 Ivy Lane, Raleigh NC 27609
	Doug Sanders	1869 Bellwood Dr, Raleigh NC 27605
	Tom Sanders	4747 Wedgewood St, Raleigh NC 27612
	George Wall	Rt 1, Box 161, Rolesville NC 27571
	J C Warren	900 Glenwood Ave, Raleigh NC 27605
Lawrence Pharm Inc	W E Barnwell	6100 Phillips Highway, Jacksonville Fla 32207
	Lawrence J DuBow	PO Box 5386, Jacksonville, Fla 32207
	Michael W Snavely	135 Westbrook Dr, Wilmington NC 28405
Lovelace Assoc & Myers Indus. Inc	Landon R Lovelace	3442 Brymoor Rd, Roanoke VA 24018
McKesson Drug Co	R L Blythe	PO Box 9587, Charlotte NC 28299
	Phillip G Davis	Rt 1, Box 156, Rockingham NC 28379
	Charles W Haigler	4052 Avalon Ave, Charlotte NC 28208
	John Dale Jordan	9824 Windrift Rd, Charlotte NC 28215
	Joel C McConnell	PO Box 495, Cornelius NC 28031
	Joe E Myers Jr	113 Forest Dale Dr, Greensboro NC 27403
	Curtis Sell	304 Ralph Dr, Cary NC 27511
	F E Thomson	2120 Commerce Dr, Cayce SC 29033
	Dennis W Trask	Box 9587, Charlotte NC 28299

McKesson Drug Co.	Mitchell J Vaughan	7333 Killingdeer Lane, Pineville NC 28134
	William A Travis	1444 Dallas Circle SW, Marietta GA 30064
Mead Products	Carroll Williamson	1203 Kimbolton Dr, Cary NC 27511
Merck Sharp & Dohme	JoAnne M Lesko	1021 Boathouse Ct, Raleigh NC 27609
	Daniel W Miller	211 Tomahawk Tr., Clinton NC 28303
	William E Sutton	PO Box 1451, Wilmington, NC 28402
Merrell-Dow Pharm	Elbert P James	430 Rogers Lane, Raleigh NC 27610
	George H Ross	2401 Oakengate Lane, Midlothian VA 23113
Miles Pharm	R L Brown	119 Wilmot Dr, Raleigh NC 27606
Modern Wholesale Drugs Inc	Mike Ennis	6601 NW 12th Ave, Ft. Lauderdale Fla 33309
	Hal Treen	3741 Herchel Lane, Winston-Salem NC 27106
Rugby Lab-Modern Wholesale South	Ivan L Willard	PO Box 702, Washington NC 27889
NC Mutual Wholesale Drug Co	Craig Ashton	Rt 5, Box 205, Bolder Bluff Trail, Chapel Hill NC 27514
	R Wayne Garrett	2204 Albany St, Durham NC 27705
	Preston Hall	Box 411, Durham NC 27702
	Thomas H Mangum	3503 Eastis Dr, Durham NC 27705
	William V O'Quinn	3522 Gooch Rd, Box 280C, Durham NC 27704
	Ralph P Rogers Jr	1513 Sycamore St, Durham NC 27707
	D E Tilley	2702 Cooksbury Dr, Durham NC 27704
Norcliff-Thayer	Paul Boger	4532 Wedgewood Dr, Charlotte NC 28210
Ortega Pharm. Co Inc.	DuWayne A Kjos	8340 Brief Rd, Charlotte NC 28212
Owens-Illinois	Kelly L Gauer	5606 G Kingsgate Pl, Charlotte NC 28211
	Leonard G Phillipps	123 Driftwood Lane, Woodstock GA 30188
Owens Minor Bod. Drug Co	Robert A Boone	408 Emerson Dr, Raleigh NC 27609
	Bob Bunn	2523 McNair St, Wilson NC 27893
	Wm. Frank Fife	2727 Enterprise Parkway, Richmond VA 23229
	Ray Howell	3500 Westridge Circle Dr., Rocky Mt NC 27801
	Gilmer Minor III	Box 11085, Richmond VA 23230
	Bill Myers	1101 Paddock Drive, Raleigh, NC 27609
	H L Smith Jr	1715 Meadow Brook Lane, Wilson NC 27893
	Tom Terry III	PO Box 127, Youngsville NC 27596
	William Thorpe	2015 Eastwood Dr, Kinston NC 28501
	Dennis C Webb	2507 Lancaster Rd, Wilson NC 27893
P A M Systems	Wm Michael McManus	PO Box 1122, Wake Forest NC 27587
Pharmvite Corp	Norman Adams	Box 812, Matthews NC 28105
Panasonic Co	Gary M Hancock	220 Cliffside Dr, Kannapolis NC 28081
Parke-Davis & Co	Joseph E Gillespie	5015 Shamrock Dr, Raleigh NC 27612

Parke-Davis & Co.	James L Holloway	Rt 3, Box 334-AA, Wilmington NC 28403
	N E Hood Jr	464 Liberty St, Rock Hill SC 29730
Penwalt Pharm Div	Ervin Rhew	3611 Ashton Dr, Charlotte, NC 28210
Pharmacom	James R Jones	3300 Women's Club Dr, Raleigh NC 27612
Pilot Life Ins Co	Same P Stuart	1012 Kendale Dr, Winston-Salem NC 27104
Publicom Inc	George W Tesh Jr	Rt 8, Box 311, Lexington NC 27292
Ramsey MFG Corp	John L Ramsey	PO Box 31152, Charlotte NC 28209
Rita-Ann Dist	G L Smith	9910 Breslin Drive, Chesterfield Court House, VA 23832
A H Robbins Co	Roy M Moss	2701 Sandy Porter Rd, Charlotte NC 28210
	James M Paris	PO Box 622, Aberdeen, NC 28315
Roche Labs	Richard A Brown	1330 Kingston Ridge Rd, Cary NC 27511
	Ken Luchansky	4121 Oak Park Rd, Raleigh NC 27612
Wm H Rorer Inc	C H Brady Jr	5409 Ventura Dr, Durham NC 27712
	Marion A Suitt	1008 Hemingway Dr, Raleigh NC 27609
Samuel Products Inc	John D Kalvelage	Rt 2, Box 231, Amherst VA 24521
Schering Corp	James R Willia	5210 Pine Way, Durham NC 27712
Scott Drug Co	Donald H Ahern	PO Box 34649, Charlotte NC 28234
	Oren H Baucom	4133 Seaforth Dr, Charlotte NC 28205
	B V Conder	PO Box 34649, Charlotte NC 28234
	Carlos Fry	PO Box 652, Carthage NC 28327
	Carl Geanes	PO Box 34649, Charlotte NC 28234
	Ronald M Glover	PO Box 34649, Charlotte NC 28234
	C Gibbs Henley	Box 34649, Charlotte NC 28234
	S M Jackson	PO Box 34649, Charlotte NC 28234
	R B Julian	Box 571, Salisbury, NC 28144
	Bill Lefler	PO Box 248, Mt. Gilead NC 27306
	Roger Purgason	PO Box 34649, Charlotte NC 28234
	Ed Safrit	PO Box 34649, Charlotte NC 28234
	Lee Talton	5931 Beaver Dam Lane, Charlotte NC 28203
	C W Westmoreland	401 Anita Dr, Winston-Salem NC 27104
Searle Lab	Wm Steve Cochran	1300 DeBoy St, Raleigh, NC 27606
Smith Drug Co	Ron Bailey	Rt 4, Rosewood Dr, Greenville SC 29607
	Frank H Milstead	Box 1779, Spartanburg, SC 29301
	Carrol Riddle	Rt 1, Box 272, Spartanburg, SC 29304
	Wallace Smith	Box 4712, Spartanburg, SC 29304

Smith-Higgins Co Inc	Jerry Medlin	PO Box 3909 Crs, Johnson City, Tenn 37601
Smith Kline & French	Merle D Bauer	Rt 7, 1616 Briarwood Pl, Raleigh NC 27614
Dr T. C. Smith Co	Milton Harkey	PO Box 6656, Asheville NC 28816
	Dick Hoffman	8 Lawterdale, Asheville NC 28804
	Steve McElreath	Liberty Rd, Candler NC 28715
	William A Moffit	921 Oakland, Hendersonville NC 28739
	Garrett Penland	10 Oakwilde Dr, Asheville NC 28803
	Charles W Rousseau	PO Box 6656, Asheville NC 28805
	Canie B Smith	Box 6656, Asheville NC 28816
	W H Worley Jr	45-31st Ave NW, Hickory NC 28601
Spear Assoc	H Warren Spear	415 Augusta Dr, Statesville NC 28677
Spidel-British Sterling	N Elliott Morton	2641 Fontaline Bleau Dr, Doraville GA 30360
E R Squibb & Sons	William W Jordan	5022 Shamrock Dr, Raleigh NC 27612
Stanback Co	James R Case	2236 Colony Rd., Charlotte, NC 28209
Store Fixtures & Planning Inc.	Thomas R Martin	1844 Ivy Stone Dr, Richmond VA 23233
	Ray McGee	3555 Tryclan Dr, Charlotte NC 28210
	Roland G Thomas	3555 Tryclan Dr, Charlotte NC 28210
Syntex Labs Inc	John A Wolbert	7830 Freeway Circle Suite O, Middleburg Hights, Ohio 44130
Timex	Norman Gilbert	606 Ridge Top Rd, Richmond VA 23229
Triton-Water Co	Dale T Andrews	739 S Worth St, Burlington NC 27216
The Upjohn Co	Robert C Ferguson	2921 Greenbrook Way NE, Atlanta GA 30345
	E DeLacy Luke	1400 Rock Creek Lane, Cary NC 27511
U S V Labs	George D Crittenton Jr	801 Pebblebrook Dr, Raleigh NC 27609
	David B Barnes Jr	1605 Sycamore Dr, Garner NC 27529
Wallace Lab	C M Lancaster	532 Barksdale Dr, Raleigh NC 27604
Weeks & Leo Co Inc	Joe Brown	PO Box 441, Mocksville NC 27028
W E Hauck Inc	Ed Brendle	4301 Emory Lane, Charlotte NC 28211
	Charles F Fowler	PO Box 573, Shelby NC 28150
Whitmans Choc	Ray M McArtan	801 E Morris Circle, Dunn NC 28334
Winthrop Lab Inc	Kenneth H Perry	PO Box 5515, Raleigh NC 27607
	H H Robinson Jr	405 Fairfield Rd, Fayetteville NC 28305
Wyeth Lab	C E Carpenter Jr	PO Box 1304, Rocky Mt NC 27801
	Olin H Welsh	PO Box 36099, Raleigh NC 27606
Youngs Drug Products Corp	Howard J Shartle	6620 Bunker Hill Circle, Charlotte NC 28210
Youngs Holland Rantos Inc	Linda G Locklear	923 Shellbrook Ct, Raleigh NC 27609

1983-84 TMA Officers, being installed by C. Rush Hamrick.
Left to right: L. M. McCombs, Secretary-Treasurer; Steve Collins, Second Vice-President; Roy Moss, President; W. C. Warren, Second Vice President.

TMA President Rusty Hamrick, right with golfing companion Bobby Clampett, at the Monday night square dance. Photo by Colorcraft.

Mary Dollar, Woman's Auxiliary president, displays the silver tray she received at the Convention in Boone to Past president Ernie Cocolas. Photo by Colorcraft.

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NORTH CAROLINA PHARMACEUTICAL ASSOCIATION HONORS WALLACE PHARMACIST FOR OUTSTANDING COMMUNITY SERVICE

Leon Irvin Graham of Wallace has been honored by the North Carolina Pharmaceutical Association as its 1983 recipient of the A. H. Robins "Bowl of Hygeia" Award for outstanding community service by pharmacists.

Graham, owner of Graham Drug Company at 130 East Main Street, received the award this afternoon during the association's annual convention in Boone.

Making the presentation was Michael E. Winters, manager of the Carolina Division of A. H. Robins Company. Participating in the ceremony was Ernest J. Rabil of Winston-Salem, president of the North Carolina Pharmaceutical Association.

Graham's community activities include service as president of the Wallace Medical Village and a member of the Duplin General Hospital Board of Trustees and the Duplin Chorale. He is a past president of the Duplin County Arts Council, a former secretary-treasurer of the Duplin County Crippled Children, and a past member of the Wallace Planning Board.

In pharmacy, Wallace is a member of the North Carolina Pharmaceutical Association and the National Association of Retail Druggists. He received his training in pharmacy at the University of North Carolina.

The Bowl of Hygeia, most widely recognized international symbol of pharmacy, derives from Greek mythology.

Irvin Graham, center, recipient of the A. H. Robins Bowl of Hygeia Award for outstanding community service, is flanked by his wife and Mike Winters, Manager of the Carolina Division of A. H. Robins. (photo by Colorcraft)

TMA FOUNDATION MAKES CONTRIBUTION TO LOAN FUND

The TMA Foundation of the Traveling Member's Auxiliary has contributed fifteen hundred dollars to the Student Loan Fund which bears its name.

The TMA Loan Fund, a part of the Consolidated Student Loan Fund administered by the NCPhA, has a cash value of $4,700 and was established in 1978 with a memorial gift in honor of Floyd Goodrich, long-time secretary-treasurer of the TMA. Since its establishment, seventeen student loans of three hundred dollars each have been made from this fund.

Contributions to the TMA Foundation Fund, from which the contribution was made, were received from Tom Sanders, Bill Brewer, L. M. McCombs, Frank Fife and Rusty Hamrick.

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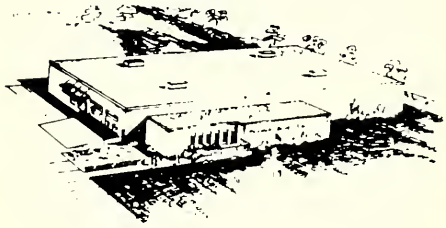

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President

Gordon G. Hamrick
Vice President

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NCPHA ELECTION RESULTS

The Election Committee of the North Carolina Pharmaceutical Association met Tuesday night, August, 30, at the Institute of Pharmacy in Chapel Hill to open and tally the ballots. Elected were:

First Vice-President of the NCPhA
(President-Elect)
H. Shelton Brown, Jr., Cary

Second Vice-President of the NCPhA
Pamela U. Joyner, Raleigh

Third Vice-President of the NCPhA
W. Keith Elmore, Wilmington

Members of the NCPhA Executive Committee
for a one-year term
Ralph H. Ashworth, Cary
W. Robert Bizzell, Kinston
Henry L. Smith, Carrboro

Directors of the N. C. Pharmaceutical Research Foundation:

Paul B. Bissette, Jr. Wilson
Herman W. Lynch, Dunn
James L. Creech, Smithfield
C. M. Whitehead, Ramseur

1983-84 NCPhA Officers Installed at the Annual Convention. Left to right; Dave Claytor, President; W. A. "Teamie" West, First Vice President; Shelton Brown, Second Vice President; Rowland Strickland, Third Vice President; Ginger Lockamy, Jack Alexander and Keith Elmore, Executive Committee Members-at-Large. ***Photo by Colorcraft.***

GLAXO-BERGEN-BRUNSWIG CELEBRATE RECORD ORDER

A ceremony marking the largest single order for a new product introduction in the history of Bergen-Brunswig, the Los Angeles-based drug wholesaler, took place at the new corporate headquarters of Glaxo Inc. in Research Triangle Park, on July 22. The order was for ZANTAC® (ranitidine hydrochloride), the recently approved Glaxo Inc. medication to treat duodenal ulcers.

According to Robert Wakin, National Vice President of Sales for the 100-year-old wholesale drug company, "This multi-million dollar order represents the largest single purchase for a new product introduction ever placed by our company. ZANTAC is now available in our 27 distribution centers which supply over 6,000 retail and hospital pharmacies across the United States."

Alan Steigrod, Vice President of Marketing, Glaxo Inc., was quoted: "This is the largest dollar volume order that Glaxo Inc. has ever received. We appreciate the order and the confidence that Bergen-Brunswig has in our company, ZANTAC and this rapidly expanding therapeutic class."

The availability of ZANTAC in the United States now makes 61 countries where it can be prescribed. Glaxo reports that since its introduction about two years ago, approximately two million people have used ZANTAC. Industry figures state that in this expanding market approximately $400 million a year is spent in the United States for this type of drug.

The unique aspect of the marketing story is that the pharmaceutical division of Hoffmann LaRoche, Roche Laboratories, and Glaxo will jointly promote ZANTAC. This means that a total of some 1,100 sales people will detail ZANTAC.

Celebrating record order at Glaxo's new corporate headquarters in Research Triangle Park, North Carolina, are (left to right): Peter Wise, M.D., Vice President of New Product Development/Glaxo; Joseph J. Ruvane, Jr., President/Glaxo; Robert Wakin, National Vice President of Sales/Bergen-Brunswig; Bernard Remmelts, Vice President of Productive/ Glaxo; Alan Steigrod, Vice President of Marketing/Glaxo; Richard Craft, Director of Distribution/Glaxo; and Philip Priola, Vice President of Administration/Glaxo.

Molly Preston Ingram, Greensboro, receives her Syntex "Practitioner-Instructor Award" given by UNC School of Pharmacy student in recognition of her contribution to the educational experience of future pharmacists. Presenting the award is Robert L. Smith, UNC School of Pharmacy academic externship program

GREENSBORO PHARMACIST RECEIVES "PRACTITIONER-INSTRUCTOR AWARD"

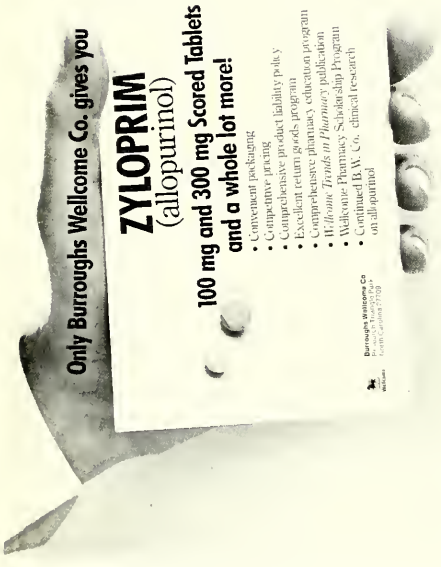
CHAPEL HILL, NC—Pharmacist Molly Preston Ingram has received Syntex "Practitioner-Instructor Award" given by the University of North Carolina School of Pharmacy students here, in recognition of her important contribution to the educational experience of future pharmacists.,

Ingram is staff pharmacist/educational coordinator at Moses H. Cone Memorial Hospital, Greensboro, where University of North Carolina pharmacy students gain practical experience through clinical externships.

According to Patti Connery, Syntex manager of pharmacy communications, "Under the guidance of practitioner-instructors, students are able to apply their knowledge while gaining appreciation for professionalism, ethics and clinical practice. It is for these three components of pharmacy that we wish to recognize deserving practitioner-instructors."

Ingram's name will be added to a permanent plaque on display at the University of North Carolina. Syntex provided a plaque to each school participating in the practitioner-instructor award program.

Ingram is a member of the American Society of Hospital Pharmacists and Rho Chi Honor Society. She is an alumna of the University of North Carolina.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• Continued B.W. Co. clinical research on allopurinol

LETTERS

Mr. A. H. Mebane, III
Executive Director
North Carolina Pharm. Assn.
P. O. Box 151
Chapel Hill, North Carolina

Dear Mr. Mebane:

On behalf of the officers, board of directors and general membership of the Jefferson County Pharmaceutical Association I would like to express our appreciation to the North Carolina Pharmaceutical Association for their contribution to the J.C.P.A. Legal Fund.

We are very pleased with the decision of the United States Supreme Court and also their denial of the defendants request for a rehearing. To our knowledge there has been no progress in the lower courts to date.

Thank you for your interest and support.

Sincerely,

Robert J. Formby,
President

Charles D. Pulido, R.Ph.
PCS Incorporated
P.O. Box 20831
Phoenix, AZ 85036

Dear Mr. Pulido,

The North Carolina General Assembly has increased the Medicaid dispensing fee to $3.22, effective July 15, 1983.

You may wish to notify those administrators of the many PCS plans of this increase, since it is our policy to discourage participation in any plan paying less than that paid under the state Medicaid program.

Sincerely,

A. H. Mebane, III
Executive Director

To The Vial of Life

Would you please send me another blank for the *Vial of Life,* and thank you for an extremely valuable addition to my life, as my medical condition requires exactly what purpose it serves. Usually when I am rescued, I am unconscious, and this *Vial of Life* can and in time will actually save my life. Thank you more than I can say.

Very sincerely,

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I will consider offers to purchase my pharmacy in Denton, NC, in Davidson Co. Will gross approx. $700,000 this year. Nursing home portion is about $145,000 with 235 beds in two facilities. Nursing home Rx is about ⅓ of total Rx business. Note: be aware my reasons for selling are a desire to relocate and the advent of plans for a Revco opening in this community. Contact Roger Efird, PO Box 1004, Denton, NC 27239. Home telephone (704) 869-2306.

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In retail in the Piedmont area. Would like to work with someone who is nearing retirement. Have NC license and 4 years experience in retail. Contact Dean Bryson, PO Box Drawer B, Eagleville, TN 37060. Call work (615) 274-6868 or Home (615) 890-7473.

PHARMACIST SEEKS CHALLENGING POSITION

In Hendersonville-Asheville area, in retail or clinic practice. Contact Dexter V. Anderson, 1084 Olive Street, G-8, Galesburg, IL 61402. Call collect (309) 343-8355.

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Ernest J. Rabil, Immediate past-president of the North Carolina Pharmaceutical Association presents the Mortar-and Pestle Award to Rheta and Milton Skolaut. Story on page 4.

photo by Colorcraft

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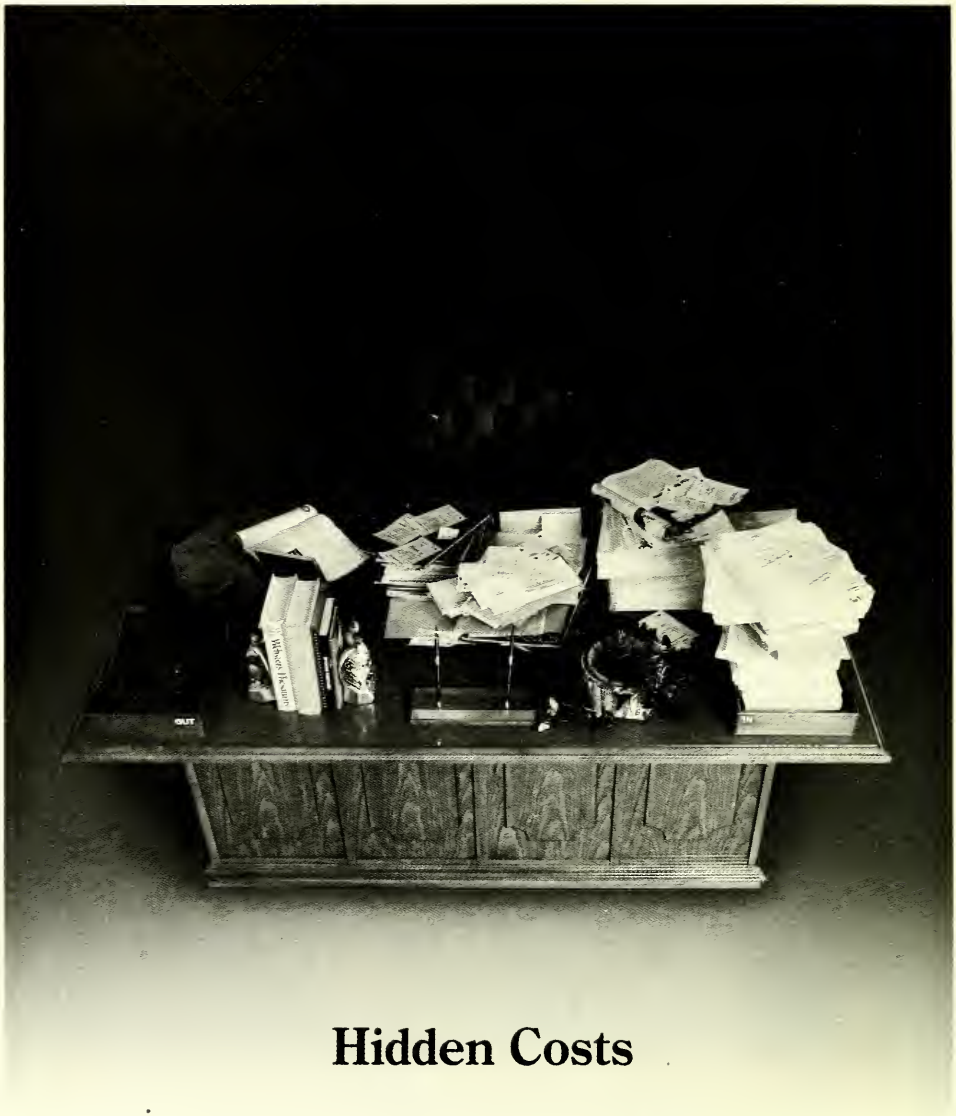

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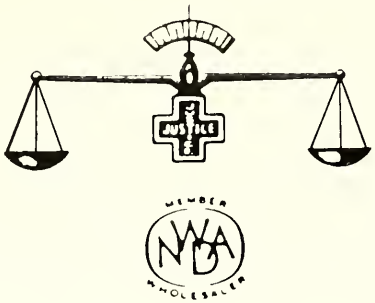

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THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

OCTOBER 1983 VOLUME 63 NUMBER 10

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

SKOLAUTS RECEIVE MORTAR-and-PESTLE AWARD

Rheta and Milton Skolaut, Durham, became the first husband and wife to be selected as the North Carolina Pharmaceutical Association 1983 "Pharmacists of the Year", at the Annual Mortar-and-Pestle Award Dinner held at the Searle Center, Duke University, Saturday night, August 27, 1983.

David D. Claytor, NCPhA President, presided over the meeting at which friends, colleagues and associates of the Skolauts met to honor the couple selected by the Executive Committee of the Association because of their broad range of involvement and activities in the community and professional life of Durham, North Carolina and the nation.

Bringing tributes to the couple were Valear Howsam, a 1982 graduate of Duke University in business and a sales representative with Burroughs-Wellcome Co. in Richmond, Virginia, William Donelan, Director/Chief Operating Officer, Duke University Hospital, Dr. Joseph A. Oddis, Executive Vice President, American Society of Hospital Pharmacists, and W. J. Smith, former Executive Director, NCPhA. Miss Howsam told of Rheta's many hours of involvement with the Duke Children's Golf Classic, which, this year, raised more that $300,000 for the Pediatric Department at Duke. Rheta's attention to personal details set her apart and make her the excellent chairman that she is. RHETA, said Miss Howsam is a perfect anagram for Rheta Skolaut, R-Reliable, H-Helpful, E-Enthusiastic, T-Talented, A-Accommodating.

Bill Donelan referred to Milton as a leader, with a leader's characteristics. He was an innovator, as with central pharmacy supply, IV additives and satellite pharmacies, he was influential, he knows his limits, is self-confident and pragmatic.

Dr. Oddis, who has been Executive Vice President of the American Society of Hospital Pharmacists since 1960, spoke of Milton's many years of leadership in ASHP. He has held most of the elected offices in that organization and has been a professional innovator in hospital pharmacy. For more than twenty years Milton has been a major force in the life of ASHP. Milton and Rheta have always been active in the programs of their professional associations, whether at the local,

photo by Colorcraft

Program participants: left to right, first row; Milton Skolaut, Rheta Skolaut, Valear Howsam, Joe Oddis. Back row; W.J. Smith, Milton Whaley, David Claytor, Bill Donelan, Ernest Rabil.

state or national level, said Dr. Oddis. The final speaker, W. J. Smith, told of Milton's interest in Project Hope, and his service as a consultant to more than twenty hospitals in Poland. While president of the Woman's Auxiliary, Rheta developed the *Apthecary Kitchen*, a cookbook which has sold over fifteen hundred copies and made possible a scholarship to a pharmacy student, said Mr. Smith.

Ernest J. Rabil, the immediate past-president of the Pharmaceutical Association presented each of the recipients with their own "Mortar-and-Pestle" Award for outstanding service to the community and the profession. Milton Skolaut thanked the pharmaceutical community for making two pharmacists from outside the state feel so welcome over the years. Rheta thanked the many friends she had made while traveling over the state as president of the Women's Auxiliary, her friends at Duke and in Durham for making this reward a reality.

David Lee, North Carolina manager for Merck Sharpe and Dohme, presented the MSD Pharmacy Dedication Award to both Rheta and Milton, on behalf of MSD and the many friends of the industry. Mrs. Skolaut is a 1956 graduate of the University of Georgia School of Pharmacy where she received the "Woman Pharmacist of the Year" Award in 1956. She was chosen as "Pharmacist of the Year" in 1978 by the Southeastern Society of Hospital Pharmacists. She has served as president of the Woman's Auxiliary of the North Carolina Pharmaceutical Association, president of the Georgia Society of Hospital Pharmacists, secretary of the Maryland Society of Hospital Pharmacists, president of the Chapel Hill Woman's Auxiliary, and has been chairman of the Ladies Program, Duke Children's Classic, and a member of the Executive Committee. She is a Republican judge for the Durham County Board of Elections, on the Board of Directors of the American Lung Association of N.C. and is publicity chairman of the Duke Hospital Auxiliary. She has worked in hospital pharmacy as chief pharmacist or staff pharmacists at Watts Hospital, Durham, Johns Hopkins, Baltimore, Memorial Hospital of Chatham County, Savannah, Athens General Hospital, Athens,

(continued on page 7)

photo by Colorcraft

Milton and Rheta Skolaut amid pictures of their past.

photo by Colorcraft

Mortar-and-Pestle Award Recipients: First row; John Henley, Milton Skolaut, Rheta Skolaut, Tom Reamer, B.R. Ward, Tom Boone. Second row; June West, Jimmy Creech, Jean Provo, Ralph Rogers, Jesse Pike.

photo by Colorcraft

Rheta and Milton Skolaut are presented the Merck Sharp and Dome Pharmacy Dedication Award by David Lee, MSD's North Carolina manager, left, and Tommy Temple, MSD's special hospital representative.

Skolauts . . . Cont.

GA, Memorial Hospital Waycross, GA and at the Medical College of Georgia University Hospital at Augusta.

Milton Skolaut, a graduate of the University of Texas School of Pharmacy, has worked in Baltimore, as Director of Pharmacy at University Hospital, Assistant Chief, John Hopkins Hospital, Director of Pharmacy, USPHS Hospital, Staten Island, NY, Chief Pharmacy Department and Central Supply, National Institutes of Health, Bethesda, MD, and as Director or Assistant Director of Duke Hospital Pharmacy, Central Supply and Sterile Processing since 1970. He is a consultant to Project Hope and the Drug Bank for twenty hospitals in Poland. He has received many awards including the ASHP Harvey A.K. Whitney Award, The NCPhA Don Blanton Award, the APHA Military Section Literary Award, the Andrew Craigie Award, and was recognized as Hospital Pharmacist of the Year in 1974 by the NC Society of Hospital Pharmacists. He has served the American Society of Hospital Pharmacists in many elected roles, including President, Vice President, and Treasurer, and currently is Treasurer Emeritus. He has contributed to many publications on hospital pharmacy and participated in over thirty symposiums and meetings in this and foreign countries.

1984 PHARMACEUTICAL INDUSTRY SUMMER INTERNSHIP PROGRAM ANNOUNCED

Applications are now being received for the 1984 NPC-SAPhA Pharmaceutical Industry Summer Internship Program. Students interested in the program should contact their Dean, Faculty Advisor or Student Chapter President for applications and brochures describing the program.

The pharmaceutical industry internship is designed to add to the pharmacy student's overall knowledge of pharmacy, especially its industrial aspect. It is designed to help broaden the student's knowledge of the pharmaceutical industry and its role in pharmacy and medicine. Most internships include rotating assignments to several departments of a company, with each assignment offering hands-on experience supervised by a professional.

The summer internships are for approximately twelve weeks after the close of the spring semester. Specific dates are determined by the individual companies. Eighty-three pharmacy students participated in the 1983 program.

Boards of pharmacy in many states now allow credit for the program in partial fulfillment of their internship requirements. Other boards evaluate each company's program on an individual basis and grant credit if approved by the board.

Application and evaluation forms are to be submitted to the National Pharmaceutical Council, 1030 15th Street, N.W., Suite #468, Washington, DC 20005, not later than December 31, 1983. Final selections and student notifications will be completed by March 1984.

MARTIN JOINS STORE FIXTURES & PLANNING

Thomas R. Martin has joined Store Fixtures & Planning, Inc. as pharmacy planning specialist for eastern Virginia and northeast North Carolina. The company has recently opened an office and showroom at 7921-A West Broad Street, Richmond, Virginia 23229. Tom has extensive experience in the fixture business, and particularly with independent drug stores. For the past eighteen years he has operated Martin Store Design in the Richmond area. Previous to that, he was was associated with MEG Sales for three years and with McKesson & Robbins Drug Company for three years. Store Fixtures & Planning, Inc. is proud to have Tom Martin join the company. His vast experience and fine reputation will be an asset to Store Fixtures & Planning, Inc. who now has three pharmacy planning specialists with over 50 years combined experience and more than 500 independent pharmacy installations.

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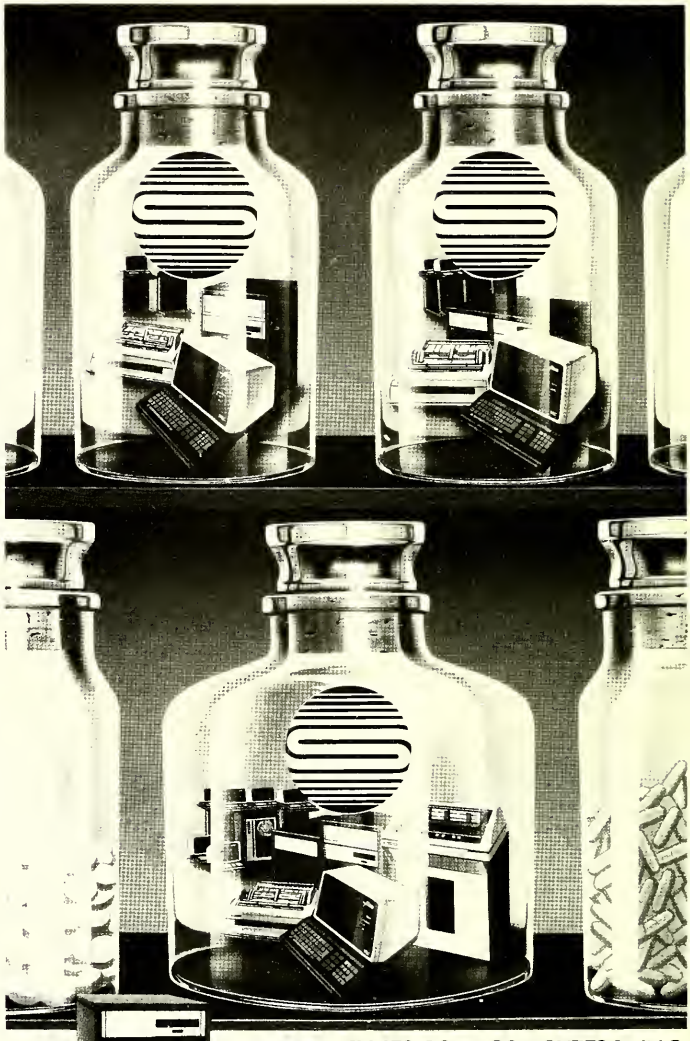

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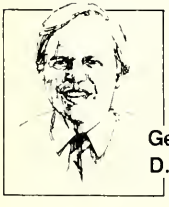

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COMMITTEE
on
CONSOLIDATED PHARMACY LOAN FUND
and
ENDOWMENT FUND

Boone, North Carolina
June 20, 1983

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CONSOLIDATED LOAN FUND

The Consolidated Loan Fund is the only regular source which can meet quickly the needs of pharmacy students for emergency financial aid. During calendar 1982 this fund provided $35,200.00 in loans to 119 students. This represented almost ten and one-half percent of the approximately $337,100.00 in documentable loans, grants and scholarships received by pharmacy students in the same period.

The financial report of this fund and a comparison table of fund activity for the years 1977 through 1982 are attached.

It will be remembered that the considerable increase in contributions to the fund in 1981 compared to previous years was due primarily to a single contribution of approximately $15,000.00 from the defunct Carolina Rexall Drug Club. Ordinary contributions to the fund in 1981 were approximately $8,000.00—an increase of about $2,000.00 over 1980 contributions. Contributions to the fund in 1982 of $14,638.68 therefore represent a dramatic increase of about $6,000.00 over the $8,000.00 figure of 1981. It is believed that this gratifying increase may be due to the splendid response to the two letters of solicitation sent to members and friends of the Association by the Chairman and Presidents Sasser and Rabil. The total of monies loaned in 1982 was about $2,400.00 greater than in 1981, and the number of loans, 119, was 9 greater than in 1981.

At its February 20, 1983 meeting, the Committee developed several decisions and recommendations.

1. A single letter of solicitation for contributions will be sent by the Chairman and President Claytor this year.
2. The loan limit per student of $300.00 per semester, with a total limit of $1800.00, will be reexamined after this year's activities are completed.
3. Students who hold no other pharmacy degree, and who are pursuing the Doctor of Pharmacy Degree at the School of Pharmacy of the University of North Carolina at Chapel Hill, will be eligible for exactly the same loan consideration as those students pursuing the Bachelor of Science in Pharmacy Degree at that institution.
4. It is recommended that a policy be developed by the 1983-84 members of this committee concerning establishment of a procedure for charging interest on delinquent loans. In this regard, this Committee requests that Mrs. Mebane prepare and maintain data on loan repayment delinquencies. At this time, no interest is charged on the loans.

It is a requirement for eligibility for a loan from this fund, that the student applying for the loan be a member of the student branches of the American and North Carolina Phar-

(continued on page 10)

Committee . . . Cont.

maceutical Associations, in addition to being a bona fide student at the School of Pharmacy of The University of North Carolina at Chapel Hill. The Chairman apprised Committee members of the fact that Tom S. Miya, Dean of the School of Pharmacy, had expressed dissatisfaction with this requirement on the grounds that it was discriminatory. After discussion, the Committee reaffirmed the requirement.

ENDOWMENT FUND

The financial report of the Endowment Fund is attached.

The balance of the General Endowment Fund was increased to $94,609.12 by contributions of $311.00. As is customary, interest earned on monies of this fund was transferred to the General Fund.

Expenditures for expenses of a program speaker of $188.00 were two dollars more than contributions to the W. J. Smith Convention Speaker Fund. The balance of the fund was increased to $5,139.16 by interest received of $274.26.

After deduction of expenses associated with the Ralph P. Rogers, Sr. Pharmacy Administration Award, which is presented to a student at the School of Pharmacy, the balance of the Ralph P. Rogers Fund was increased by interest and contributions by about $5,000.00. Contributions of $3,917.86 were made to the fund.

Respectfully submitted,

Jack K. Wier, Ph.D.
Chairman

CONSOLIDATED PHARMACY LOAN FUND

1982	
Number of Loans made	119
Total Value of loans	$35,200.00
Average Value of Loans	295.79
Value of Loans Outstanding	89,233.33
Contributions to Fund	14,638.68
Total Assets of Fund	116,547.42

CONSOLIDATED PHARMACY LOAN FUND

Comparison of Selected Activities for 1977 through 1982

	1977	*1978*	*979*	*1980*	*1981*	*1982*
Number of Loans Made	98	78	91	76	110	119
Total Value of Loans	$23,485.00	$20,928.00	$26,700.00	$22,050.00	$32,820.00	$35,200.00
Average Value of Loans	$ 239.64	$ 243.31	$ 293.41	$ 290.13	$ 298.36	$ 295.79
Value of Loans Outstanding	$46,185.00	$47,740.00	$58,970.00	$64,875.00	$76,655.00	$89,233.33
Contributions to Fund	$ 5,225.00	$ 3,900.00	$ 6,591.12	$ 6,359.63	$23,354.33	$14,638.68
Total Assets of Fund	$60,441.35	$64,878.89	$65,281.45	$73,611.39	$97,489.52	$116,547.42

[1] Beginning with the fall semester of 1978, the total enrollment of the School of Pharmacy was reduced by approximately twenty percent. This was caused by a change from the one-year pre-pharmacy/four-year professional program to a two-year prepharmacy/three-year professional program. This change has no direct effect on the annual number of graduates, but it does reduce the number of students eligible for loans from this fund.

[2] Because of rising educational costs and the lesser number of students eligible to utilize this fund, beginning with the fall semester of 1978, the maximum loan was raised from $200 to $300 per semester and the total loan ceiling from $1600 to $1800.

W. J. Smith Convention Speaker Fund	4,866.90		
Interest		274.26	
Contributions		186.00	
Expenses		188.00	
			$ 5,139.16

Summary of Financial Aid[1]
School of Pharmacy
July, 1982-June, 1983

Source and Type of Aid	*No. of Awards*		*Amount*	
Governmental Sources				
State	*1981-82*[2]	*1982-83*[3]	*1981-82*[2]	*1982-83*[3]
Department of Human Resources	14	16	$ 28,000.	$ 32,000.
Federal				
College Work Study Program[4]		23		16,000.
Health Professions Loan[5,6]	91	83	101,475.	103,588.
Educational Opportunity Grant[7]	116	76	97,848.	69,055.
National Direct Student Loans		20		22,050.
Miscellaneous Grants and Scholarships[8]	75	85	67,325.	71,286.
Private Sources				
School of Pharmacy Scholarships[9]	20	21	11,150.	12,500.
N. C. Pharm. Assoc. Consolidated Loan Fund[10]	110	113	32,820.	34,600.
Totals	426	437	338,618.	329,079.
Number of Individuals Receiving Aid[11]	115	138		

[1] Does not include Guaranteed Student Loans.
[2] As of end of Summer Session I, 1982.
[3] Projected to end of Summer Session I, 1983.
[4] For 1981-82, these data were lumped with Miscellaneous Grants and Scholarships.
[5] Awards administered by School of Pharmacy in conjunction with UNC-CH Student Aid Office.
[6] One-tenth of HPL funds provided by the School of Pharmacy (PFNC).
[7] Administered by UNC-CH Student Aid Office; includes PELL Grants and Supplemental Educational Opportunity Grants.
[8] Administered by UNC-CH Student Aid Office.
[9] Administered by School of Pharmacy. Funds from Private Sources.
[10] Administered by N. C. Pharmaceutical Association—data for calendar year 1981-82.
[11] Does not include Consolidated Loan Fund data.

ENDOWMENT FUND

	Balance 1-1-82		*Balance* 1-31-82
General Endowment	$94,298.12		
Interest Received		$9,150.34	
Interest Transferred to General Fund		9,150.34	
Contributions		311.00	
			$94,609.12
Ralph P. Rogers Fund	8,889.39		
Interest		1,539.01	
Contributions		3,917.86	
Expenses		510.29	
			$13,835.97

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THE UNIVERSAL PHARM.D—EVENTUALLY

William A. Miller, Pharm.D.

Professor, Department of Pharmacy Practice
University of Tennessee Center for the Health Sciences
Memphis, Tennessee

The current debate about the degree status of pharmacy—whether to maintain the present two-tiered baccalaureate and Pharm.D. approach or to change to a one-tier program with the Pharm.D. as the basic entry-level degree—should be viewed as a debate about the future of pharmacy. In my view, pharmacy's future role must increasingly center on the pharmacist's unique contribution to patient care—the effective use of drug knowledge in patient therapy. Current and future needs of the profession will thus be best served by adopting the universal Pharm.D. as the eventual goal of colleges of pharmacy.

This evolutionary approach recognizes the realities of current pharmacy education—wide variations in curriculums and quality—as well as the present economic situation—large outlays for immediate restructuring of curriculums would be impossible, even were the additional qualified faculty available presently. Moreover, adopting the universal Pharm.D. as the direction for pharmacy allows the time necessary for a careful reassessment of the strengths and failings of existing programs, a countrywide standardization of the core curriculum with increased requirements in the clinical component of education, and gradual implementation of such programs by individual colleges based on their particular needs and their capabilities as resources become available.

Moreover, the evolutionary path to an all-Pharm.D. program permits pharmacy to retain the clinical advances it has already achieved. This includes the recognition now accorded the clinical pharmacist by other health professionals, many hospital administrators, government agencies and third-party payers. The "quick-fix" approach of renaming existing baccalaureate programs, no matter what the content or quality, as Pharm.D. programs can only erode these gains by blurring the definition of the clinical functions of pharmacy.

Maintaining the present two-tier system, on the other hand, ignores mounting evidence of a diminishing distributive role for the pharmacist. Technological advances (e.g., pill counters, computerization) are already rendering the rote distributive roles obsolete, and evidence suggests that this trend will continue. Such innovations as video cassettes and direct satellite communications will greatly decrease direct pharmacist involvement in patient education. Moreover, the existence and capabilities of pharmacy technicians augurs an expanded technician role, with pharmacist involvement centering on teaching and supervision. All of this highlights the increasing importance of stressing the clinical component of pharmacy as our unique contribution to health care.

Some mention of the special problems confronting the community pharmacist in pursuing an expanded clinical role is necessary. With a few notable exceptions, leaders in the community setting have underrated the clinical community role. And the practice setting itself appears to preclude such a role: The volume of prescription dispensing necessary

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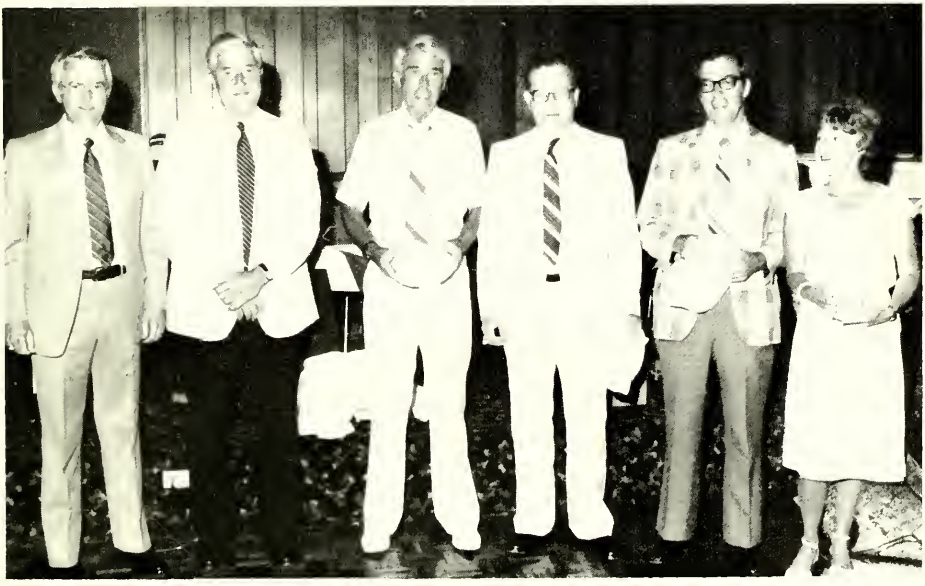
to maintain a practice seems to be at odds with the time required to perform clinical functions effectively. Here, the history of hospital pharmacists is helpful. More than a decade has passed since the clinical pharmacy movement began, and progress, although steady, has been slow. To substantiate the cost-effectiveness and, more important, patient-care benefits that will accrue from a community pharmacy clinical role, pharmacists in this setting need to emulate the experience of hospital practitioners. Residency programs must be developed, the role of the clinical community pharmacist and its advantages identified and documented, and students trained in these disciplines must then implement community clinical pharmacy programs. Without this approach, the schism that is developing between the two practices threatens to split the profession.

Commitment and concerted effort from the deans and faculties of colleges of pharmacy, representative professional organizations and pharmacists themselves are essential to implement this evolutionary path. Colleges of pharmacy must increase the amount of clinical education in their programs, and, as financial resources become available, offer the doctor of pharmacy degree, initially as the second degree and eventually as the entry level degree. Residency programs must be increased in colleges and hospitals and be developed in the community practice setting. To achieve these goals, more effective communication among the various organizations is vital. Organizations must also expand their services to members in helping them develop clinical services (e.g., education programs, resources such as textbooks, self-learning modules, etc.). And the professionals must promote clinical pharmacy to government and other health professionals with whom they interact. Boards of pharmacy must revise their practice acts and gradually increase the requirements for pharmacy practice by requiring a clinical component.

This approach supplies no instantaneous answers to the problems confronting pharmacy. If adopted as a direction for the profession, however, I believe it will eventually resolve those problems and assure pharmacy its rightful place in patient care.



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Tennis champions of the 1983 Tournament. left to right; Jerry Brunson and Sam Stuart, (winners and coordinators) Charles Jones, Bill Griffin, Don Peterson, and Shannon Brunson

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(continued on page 21)

Our best friends are our severest critics and our greatest assets.

Meet our 1983 Pharmacy Consultant Panel.

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No diplomatic double talk

We need the advice of pharmacists in order to do a better job for pharmacists. The bad news and the good.

That's what the ten members of our 1983 Pharmacy Consultant Panel provide. Their views on professional and other pertinent matters are invaluable.

Their advice and counsel helps us serve you better in the expanding role of pharmacy.

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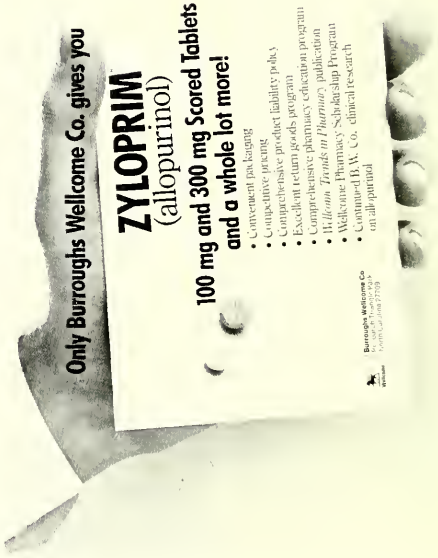
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DATE	AHEC	CITY	TITLE OF PRESENTATION
Oct. 12, 1983	Northwest AHEC	Boone	"Cardiac Drug Update: New Therapies in Angina"
Oct. 12, 1983	Charlotte AHEC	Charlotte	"Meck. Pharm. Society Current Board of Pharmacy Activities"
Oct. 13 & 14, 1983	Wake AHEC	Raleigh	"17th/10th Annual Carolina Hospital/Clinical Pharmacy Seminar"
Oct. 13, 1983	Northwest AHEC	Salisbury	"Cardiac Drug Update: New Therapies in Angina"
Oct. 17, 1983	Eastern AHEC	Eliz. City	"New Use for Old Drugs"
Oct. 18, 1983	Eastern AHEC	Williamston	"New Uses for Old Drugs"
Oct. 19, 1983	Eastern AHEC	Kinston	"Common Dermatological Problems"
Oct. 20, 1983	Northwest AHEC	Hickory	"Bio-Availability Data in Drug Product Selection"
Oct. 20, 1983	Wake AHEC	Raleigh	"Basic CPR for Pharmacists"
Oct. 20, 1983	Wake AHEC	Raleigh	"Refresher CPR"
Oct. 24, 1983	Eastern AHEC	Eliz. City	"Patient Counseling"
Oct. 25, 1983	Eastern AHEC	Williamston	"Pharmacy Security"
Oct. 26, 1983	Eastern AHEC	Kinston	"Providing Nursing Home Services"
Oct. 26, 1983	Greensboro AHEC	Burlington	"Peptic Ulcer Disease"
Oct. 27, 1983	Northwest AHEC	Winston-Salem	"Bio-Availability Data in Drug Product Selection"
Oct. 27, 1983	Wake AHEC	Raleigh	"Basic CPR for Pharmacists"
Oct. 27, 1983	Eastern AHEC	New Bern	"Common Dermatological Problems"
Nov. 1, 1983	Eastern AHEC	Williamston	"Convalescent Aids and Physical Therapy"
Nov. 2 & 3, 1983	Northwest AHEC	Boone	"Training and Evaluation of Pharmacy Personnel"
Nov. 2, 1983	Eastern AHEC	Kinston	"Cephalosporins: Update & Review"
Nov. 3, 1983	Eastern AHEC	New Bern	"Nutrition for the Practicing Pharmacists"
Nov. 9, 1983	AREA L AHEC	Rocky Mount	"Stress Management"
Nov. 9, 1983	Eastern AHEC	Kinston	"Nutrition for the Practicing Pharmacist"
Nov. 10, 1983	Eastern AHEC	New Bern	"Patient Counseling"
Nov. 14, 1983	Charlotte AHEC	Charlotte	"Meck. Pharm. Society–Newer Concepts in Insulin Therapy"
Nov. 15, 1983	Wake AHEC	Raleigh	"New Developments in the Treatment of Hypertension"
Nov. 17, 1983	Eastern AHEC	New Bern	"Convalescent Aids & Physical Therapy"
Nov. 23, 1983	Greensboro AHEC	Burlington	"Drug Effects on the Fetus"
Nov. 28, 1983	School of Pharmacy	Chapel Hill	"Assertive Management"

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COMMITTEE REPORT 1982-1983 COMMITTEE ON THIRD PARTY PRESCRIPTION PROGRAMS

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W. Darrell Estes, Raleigh

In view of the danger provided by the present day climate of Third Party negotiations, the Executive Committee of NCPHA mandated an early meeting of our Committee. Our Committee was to deliberate on proposed Georgia type legislation. If we could reach consensus, we were to prepare a proposed bill to be presented to the General Assembly of North Carolina this term.

Feeling strongly that now is the time for pharmacy to take a positive step in the relationship of pharmacy to Third Party insurers. The Committee was unanimous in its endorsement of Georgia type legislation. In a nut shell, this would set up policies and penalties in regards to all Third Party insurers and their relationship with pharmacies located in the State of North Carolina. North Carolina Medicaid would be exempt from any Third Party legislation.

In the proposed legislation, we proposed that the Insurance Commissioner for the State of North Carolina be the final arbitrator in disputes between Third Party insurers and pharmacies. The Insurance Commissioner of the State of North Carolina, has, at the present time, declined to become involved.

We the Committee are of a consensus, that the proposed Georgia type legislation will be in the consumer's interest. The consumer has to pay more for their prescriptions because of the low fee paid by Third Party insurers. In effect the consumer is subsidizing the insurance companies.

It is the opinion of Mr. Edd Nye (the NCPHA Lobbyist), and our friends in the legislature that the present legislature will not be receptive to any legislation that will provoke controversy. It is felt that because of this, that Third Party legislation will have to be introduced two years from now.

Mr. Edd Nye is shepherding through the legislature a proposed change in the Medicaid program to make the fee more equitable.

The Third Party Committee, in the fervent hope and sincere belief that parmacy is coming out of its complacency, respectively submits this report.

THIRD PARTY UPDATE

Several third party programs, including programs administered by Paid Prescriptions have modified their plan to *exclude* DESI drugs. You are encouraged to verify the use of any of these drugs before you accept a prescription to be paid by a third party program.

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LOAN FUND ESTABLISHED

Russ and Kim Phipps, Concord, have established a new loan fund in the NCPhA Consolidated Student Loan Fund, and it is named the *Russ and Kim Phipps, UNC 80 Fund.* The fund was so named to let the recipient know the money came from someone close to his or her age. Russ, a graduate of the UNC School of Pharmacy in 1980, hopes other members of his class will be encouraged to help the current students through programs such as the NCPhA Loan Fund, just as he was helped when in school. Anyone wishing more information on the loan fund program and how one may be established, please write the NCPhA office.

DRUG STORE ROBBERIES AND OTHER PHARMACY CRIMES

HICKORY

King's Drug Store was entered Sunday night, July 17, 1983 and a quantity of drugs, merchandise and a small handgun were reported taken. Entry was made by cutting a small hole in the roof of the next-door building and crawling through the rafters and dropping through the false ceiling. Police suspect this robbery may be connected to several other drug store robberies in the area.

BOONE

Two area men were arrested September 1, 1983 and charged with stealing a large quantity of codeine containing drug products from Carolina Pharmacy. The two were charged with felonious breaking and entering and possession of drugs.

HIGH POINT

A gunman entered Rite Aid Drug Store in High Point and demanded drugs and money, Sunday, September 4, 1983. The drug store clerk gave these to the gunman who then fled when a customer approached. The robber reportedly shot three times from a passing car as he was leaving the area.

DURHAM

Revco Drugs on Broad Street was robbed of drugs and money about 6pm Sunday night, August 21; about $500 was reported taken. The robber was arrested soon afterward following a high speed chase. An 11 year old boy was kidnapped during the robbery.

CHERRYVILLE

Medical Center Pharmacy in Cherryville was broken into for the third time in as many months in May and a quantity of drugs was taken. Thieves smashed a side window with an ax and then pried open a narcotics cabinet.

ROSE HILL

Thieves broke into Carr Drug in Rose Hill early in May and escaped with a quantity of controlled substances. Entry was gained by knocking out several concrete blocks in the side wall. An alarm was tripped, but the intruder eluded police by escaping through the front door which he smashed with a chair.

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SCHOOL OF PHARMACY PROMOTIONS

C. Edwin Webb, Pharm.D., has been promoted to the rank of Clinical Associate Professor in the School of Pharmacy and in the Department of Family Medicine of the University of North Carolina at Chapel Hill. Dr. Webb is Pharmacy Education Coordinator of the Mountain Area Health Education Center of Asheville. He received his Doctor of Pharmacy degree from the University of Tennessee Center of Health Sciences, Memphis, Tennessee, in 1973, and has been with the Mountain-AHEC since 1975. This appointment is effective July 1, 1983.

Peter Gal, Pharm.D., was promoted to Clinical Associate Professor, effective July 1, 1983, at the School of Pharmacy and Clinical Assistant Professor in the Department of Family Medicine, School of Medicine of the University of North Carolina at Chapel Hill. Dr. Gal is Pharmacy Education Coordinator of the Greensboro Area Health Education Center, a position he has held since July, 1979. Dr. Gal received his Doctor of Pharmacy degree from the State University of New York at Buffalo in 1977.

Joni I. Berry, M.S., was promoted to Clinical Assistant Professor in the School of Pharmacy, University of North Carolina at Chapel Hill, effective August 1, 1983. Joni Berry received her Master of Science in Pharmacy degree from the University of North Carolina at Chapel Hill in August, 1979. She is Pharmacy Education Coordinator of the Wake Area Health Education Center in Raleigh, a position she has held since November, 1980.

Bruce R. Canaday, Pharm.D., was promoted effective July 1, 1983, to the rank of Clinical Associate Professor in the School of Pharmacy and the Department of Medicine of the University of North Carolina at Chapel Hill. Dr. Canaday is Pharmacy Education Coordinator of the Wilmington Area Health Education Center, a position he has held since 1975 when he first was appointed Clinical Instructor in the School of Pharmacy. The University of Tennessee Center of Health Sciences, Memphis, conferred the Doctor of Pharmacy degree to Dr. Canaday in 1973.

William T. Sawyer, M.S., was promoted to the rank of Associate Professor in the School of Pharmacy of the University of North Carolina at Chapel Hill effective August 1, 1983. Mr. Sawyer is Pharmacy Education Coordinator of the Charlotte Area Health Education Center, a position he has held since July, 1977. He received his Master of Science in Pharmacy degree from the University of North Carolina at Chapel Hill in 1977. Mr. Sawyer also holds a joint faculty appointment in the rank of Clinical Assistant Professor in the Department of Family Medicine, School of Medicine of the University of North Carolina at Chapel Hill.

ABOUT YOUR MEDICINES— UPDATED EDITION

The consumer drug-use information book, *About Your Medicines*, has been updated and revised by the United States Pharmacopeia (USP), and is very helpful to the large numbers of drug consumers who do not take their prescriptions correctly.

About Your Medicines in an inexpensive, easy to use family reference and contains informational monographs for over 400 generic drugs or combinations of drugs. Each monograph offers information on the drug's proper use, side effects, precautions, interactions, and storage; and notes information to be considered before the medication is taken. Special precautions are also listed as an aid to individuals who are pregnant, diabetic, breast-feeding or have high blood pressure.

About Your Medicines offers answers to many common consumer questions, explaining what to do if a dose is missed, whether food, alcohol, aspirin or other drugs can be used with the medicine, how the medicine will affect the patient, and how it should be stored. The book is available from the North Carolina Pharmaceutical Association office in Chapel Hill in a display case of 12 volumes for $36.00, postpaid. The books may be sold for $4.95 each.

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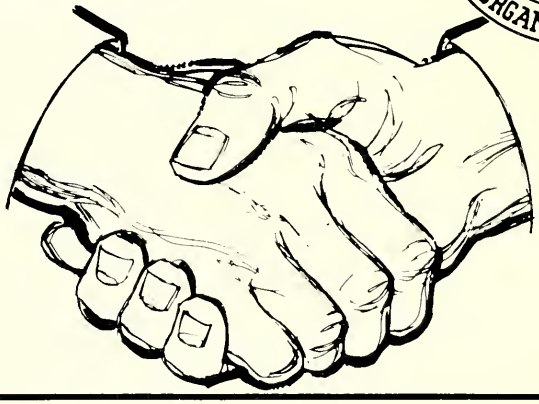

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LOCAL AND PERSONAL NEWS

JEAN PAUL GAGNON

UNC School of Pharmacy will be recognized as an Academy Fellow of the American Pharmaceutical Association Academy of Pharmaceutical Sciences at the Annual Meeting in November, 1984. Academy Fellows are members of unusually high distinction who are recognized as outstanding contributors and acknowledged leaders in the advancement of the pharmaceutical sciences.

GREENSBORO

The regular monthly meeting of the Guilford County Society of Pharmacists was held at Moses Cone Hospital on Tuesday, September 13, 1983. A large turnout heard David Work, Secretary of the Board of Pharmacy, and Dave Claytor, President of the NCPhA, our guest speakers for the evening.

Members viewed a film shown by Dr. Work reviewing federal regulations on the dispensing of prescriptions, and an interesting and informative discussion of these and other state and federal laws followed. Mr. Claytor spoke on behalf of the N.C. Pharmaceutical Assn., urging all pharmacists in the state to belong and to participate in their state association. He also reviewed the Association's active role in the legislative process of the most recent N.C. General Assembly, and how pharmacy faired in this session.

Following a short business session, the meeting was then adjourned.

CALVIN OAKLEY HONORED ON RETIREMENT

Calvin Oakley, Mebane pharmacist since 1941, was honored recently at a reception marking his retirement. More than 120 guests, including physicians of the area, and current and former employees and employers of Warren Drug Company were present at the reception held in the Fellowship Hall of the Mebane United Methodist Church. Hosting the event were Oakley's three sons, Chuck, Danny and Greg, along with Mr. and Mrs. Doug Issac, his business partner since 1958.

KUE FILES FOR FARMVILLE MAYORAL RACE

Joe Kue, Farmville pharmacist, has filed to run as a candidate for Farmville mayor. Currently serving as a member of the local Board of Commissions, Kue is consulting pharmacist for Guardian Care in Farmville and a former president of the Chamber of Commerce. He is a graduate of the pharmacy school at the Medical College of Virginia and also studied civil engineering at Georgia Tech.

KEN BURLESON

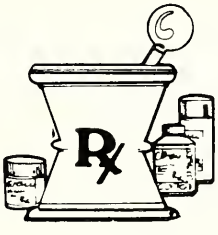
Ken Burleson, director of pharmacy services at Catawba Memorial Hospital, has authored a chapter for *Computer Systems Management in Hospitals*, a nationally distrib uted pharmacy textbook. This is the second such project by Burleson within a year.

RON CAREY

Ron Carey, vice president and general manager of Justice Drug Division of Strother Drug Company has completed the executive management program at Penn State University.

RADER ACCEPTS NEW POST

Frances L. Rader, former Executive Resident of the North Carolina Pharmaceutical Association and the North Carolina Society of Hospital Pharmacists, has accepted the position of Director of Professional Affairs for the Texas Pharmaceutical Association. She has moved to Austin and assumed her responsibilities September 1. Rader received her BS in Pharmacy from UNC in 1979 and her MS in Pharmacy Practice in 1982, also from UNC. She served a residency in Pharmacy Practice under Fred M. Eckel and worked in the NCPhA office in Chapel Hill learning association procedures and practices and Association management.



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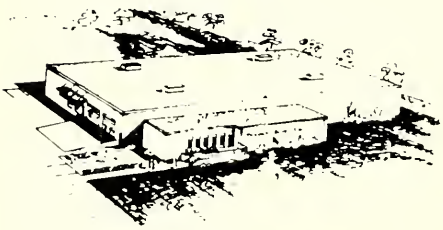

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(Local & Personal News Cont.)

ALAMANCE COUNTY

On September 28, 1983, the Alamance County Pharmaceutical Association held its monthly meeting. The Association has orga nized a continuing education program in conjunction with AHEC—Greensboro and UNC School of Pharmacy for its members. Wednesday night was the first program. Dr. Stewart Rogers, Associate Professor of Medicine at Moses Cone Hospital, presented a program on the medical consequences of nuclear war. The objectives of the program were: (1) to illustrate potential epidemic trauma and diseases following nuclear war and to examine likelihood that an effective medical response would be possible; (2) examination of effects of existing nuclear arsenals and extent of damage to life, society and economy; (3) increase understanding of these issues among health care professionals. All members attending the program received two hours of CE credit. It was an informative meeting, and I hope it will set a precedence for the future.

Marianne K. White
President

DEATHS AND MARRIAGES

David Astor Dowdy

D .A. Dowdy, Sr., High Point, died Thursday, September 8, at his home. He was 86 years old. He graduated from UNC School of Pharmacy in 1917 and was licensed as a pharmacist at the age of 20. He purchased Mann Drug Company in 1927 and was active in its management in the sale in 1982 to Rite-Aid Corporation. He was active in civic activities, serving as chairman of the High Point Housing Authority for 26 years. Astor Dowdy Towers, a high-rise apartment building for the elderly in High Point was named for Dowdy to recognize his longtime contribution to the housing authority. He was a member of the Kiwanis Club and a Mason. He was a member of the First United Methodist Church, a life member of the administrative board and a member of the board of trustees. Dowdy was a member of the North Carolina Pharmaceutical Association for 65 years, and he and his sons, Henry and David, Jr., contributed the conference table used daily in the Institute of Pharmacy in Chapel Hill.

Wade Axom Gilliam

Wade A. Gilliam, Winston-Salem, died Thursday evening, September 22, 1983 at Forsyth Memorial Hospital following a stroke. Gilliam was 83 years old. A 1925 graduate of the University of North Carolina School of Pharmacy, he was the only person ever to serve as President of the North Carolina Pharmaceutical Association for two terms, 1944-1946. He also served as president of the State Board of Pharmacy on which he was commissioned from 1946 to 1956. Gilliam was chairman or served on every committee of the NCPhA in his many years of service to Pharmacy. He also served 37 years as a director of the North Carolina Pharmaceutical Research Foundation, of which he was a founder. He was elected president of the Foundation in 1958 and was succeeded by Fonnie Andrews in 1963. Gilliam was selected NCPhA "Pharmacist-of-the-Year in 1956. Gilliam founded Summit Street Pharmacy in Winston-Salem in 1928 and was a life-time deacon in the First Baptist Church. He is survived by his wife Grace and daughter Peggy Allen.

Lucinda Dollar and John Earl Smith were married in Asheville May 21, 1983. Cindy is a 1976 graduate of the UNC School of Pharmacy and is a pharmacist with the Buncombe County Health Department. Her dad, A.C. Dollar is a pharmacist in Winston-Salem. The couple lives in Asheville.

Audrey Rich Warren and *John Dana Outten*, both of Plymouth, were married September 10th in Grace Episcopal Church.

The bride and groom are both graduates of the University of North Carolina at Chapel Hill. She is a teacher and he is a pharmacist having graduated in 1981 from the School of Pharmacy. They will live in Plymouth.

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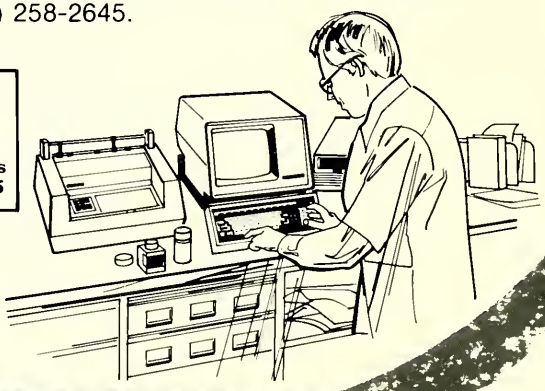

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A reproduction of W. C. Porter's Drug Store, where fiction writer William Sydney Porter (O. Henry) worked is in the Greensboro Historical Museum at Greensboro, North Carolina.

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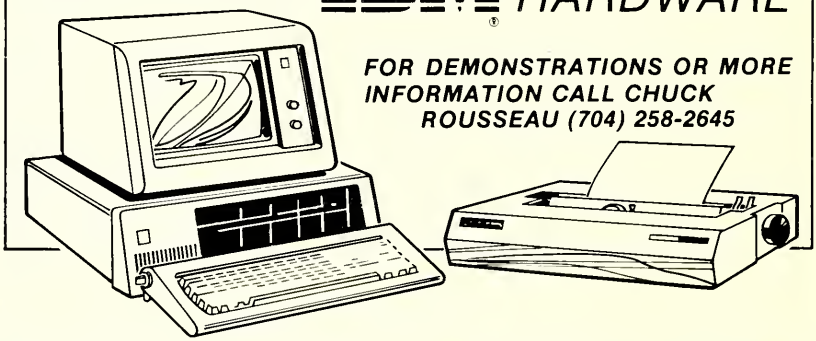

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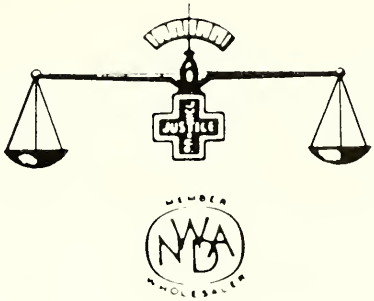

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UPDATE ON NABPLEX

Presented by

William R. Adams
Member NABP, Advisory Committee on Examinations and NABPLEX Review Committee
President, North Carolina Board of Pharmacy

District III—AACP/NABP
Tuesday, August 16, 1983
Wrightsville Beach, North Carolina

NABPLEX just celebrated its 7th Birthday. I'm happy to report that it is well, and has experienced substantial development both in quality and sophistication during its brief life span. I would like today to review the NABPLEX process and hopefully provide some insight into how the program works to provide a uniform examination to Boards of Pharmacy.

I'm sure you're aware that the NABP Constitution and Bylaws prescribe that the association has an obligation to maintain reciprocal relations between the states through the examination process. This is in the interest of the pharmacist's right to transfer his credentials at anytime during his professional career. This is an obligation which the NABP has assumed since its inception in 1904. The necessity for a system of uniform licensure as an integral part of the reciprocity process was recognized very early in the history of NABP. In 1913, the constitution of the association was amended to provide for an Advisory Committee on Examinations. This committee's duties were outlined to "The end that the requirements, examinations and ratings of said Boards shall be uniform". In the years following the establishment of the Advisory Committee on Examinations, the Association did a great many things in an effort to promote uniform examinations and licensure. Their efforts were directed toward seminars, publications, and at one time, establishment of a question pool. This pool was established by collecting questions from all states and sending these questions back to individual boards who requested assistance.

In 1968, the leadership of NABP took note of the fact that Pharmacy was one of the few professions which did not have a standardized and consistent measurement instrument by which all states could qualify candidates for entry level practice. After investigating various testing programs used by other professions, the executive committee authorized the association to produce a standardized examination service for the Boards. This was the inception of the Blue Ribbon Examination. The Blue Ribbon Project was an experiment. The association literally flew by the seat of its pants. Errors were made—administrative, economic and otherwise. However, the program matured and produced background information which is reflected in the present NABPLEX program. In 1975 the association took a major step forward and engaged the services of Educational Testing Service. The reorganization of the Advisory Committee on Examination and the establishment of the NABPLEX Review Committee took place. ETS was very helpful in fortifying and establishing new administrative policies and procedures.

William R. Adams

NABLEX

As we have indicated through official communications, at the annual meeting, in the NEWSLETTER, and messages to the districts, the NABP transferred the NABPLEX testing program from ETS to American College Testing of Iowa City, Iowa in June of 1981. The transition has worked well. ACT has added some innovations to the program, all of which have increased the efficiency of our committee process and facilitated the production of the examination.

The NABPLEX program is an on-going, evolving process—it never stands still. National testing standards require that any individual who is given a test, or asked to sit for some type of paper and pencil measure which relates to job placement, should be given some idea about the content of the examination that he will take. Thus, we have the competency statements which form the base for the program. These are presented each year in the NABPLEX Candidate's Guide which is distributed to each last year student in the United States at the expense of E. R. Squibb & Sons. The competency statements undergo continual review. As we have stated many times, they are never etched in concrete. Anyone who is concerned about the competency statements forming the basis of the NABPLEX program should make suggestions for their alteration or improvement.

Competency statements have a long history. They were first developed under the Blue Ribbon program and refined under the NABPLEX program. They have utilized one of the only national studies related to job analysis which was produced by the APHA/AACP. The competency statements were developed in accordance with APA Standard and EEOC Guidelines. They form the basis for all new item development and for the entire test assembly process.

There are currently several groups of people who are responsible for the various phases of the NABPLEX program.

1. Item Writers: Over four-hundred and fifty people were contacted last year to contribute to the item pool on a voluntary basis. Those who agree to write questions are sent an *Item-Writer's Guide*, and a specific assignment that focuses on one of the five parts of NABPLEX. For the past several years, the Association has made pleas to board members to become item writers. All a board member need do to fulfill this function is to request the necessary forms from the NABP office. Each new board member, when he is mailed the original new member letter, receives a copy of this form and is asked to become an item writer.
2. NABPLEX Review Committee (NRC): This committee reviews all new items and approves those which are to be added to the item pool. The committee reviews all tests before they are finalized. In addition, the committee members also review and/or revise the competency statements on an annual basis as previously mentioned. In some instances, NRC members act as item writers. This committee is composed of twenty-five to thirty people —practitioners, (including board members) and faculty members all of whom are considered to be content experts, and all licensed pharmacists in some state.
3. NABPLEX Steering Committee (NSC): This group is a subset of the NRC but is more directly involved in the test assembly process, in that the members assemble the new examinations which are then sent to the NRC for final review.
4. The Advisory Committee on Examinations (ACE): This group is a constitutionally created committee and has the responsibility for the overall NABPLEX program. ACE, too, is a subset of NRC since ACE members serve on NRC. ACE is a very active committee which is responsible for administrative & policy decisions & recommendations for the NABPLEX programs. I would like to review some of the actions of this committee during the past year.
   A. The document—*Prologue-Establishment of Authority; Duties and Responsibilities of the Advisory Committee on Examinations* and *Selections. Rotation and Tenue of the NABPLEX Review Committee* were revised.

      First terms will be for one year, and reappointments will be for three years. In addition the Advisory Committee on Examinations will be visiting NABPLEX Administrations on a regular basis in order to improve administration techniques at the state and

national level.

B. Providing diagnostic scores to candidates who fail NABPLEX and request such information was discussed. This service is provided for in our ACT Contract, President Plummer has indicated how this program works.

C. A certificate/plaque has been developed to recognize those past and present members of the Blue Ribbon Program and the NABPLEX Review Committee. You will be pleased to know that the first plaque was awarded to H. C. McAllister during a recent NABPLEX Review Committee meeting in Chapel Hill. As many of you are aware, Mac worked long and hard on examinations, and made substantial contributions to the NABP Examination program.

D. Restructuring of the format of the present examination is discussed frequently. Specifically, the committee will investigate whether one of the four parts given on the first day, and/or the practice of Pharmacy on the second day, should be moved to another time frame. The irregularity reports, which are reviewed regularly, provide ACE with much information concerning administration & testing format. Boards are urged to use the forms to communicate to this committee information concerning the length of time utilized, versus the time allocated, for each part of the examination, as well as other suggestions & comments you may wish to make.

For several years, the Advisory Committee on Examinations has requested the states to eliminate the Examination Category headings from their Pharmacy statutes. This will give the NABPLEX program an opportunity to provide an intergrated examination with greater number of questions and eliminate the titles now printed for the five separate parts of the examination. The elimination of categories will also allow the Advisory Committee and the NABPLEX Review Committee more flexibility in keeping the competencies and the examination in tune with contemporary pharmacy practice. In addition, variations in the use of NABPLEX scores by

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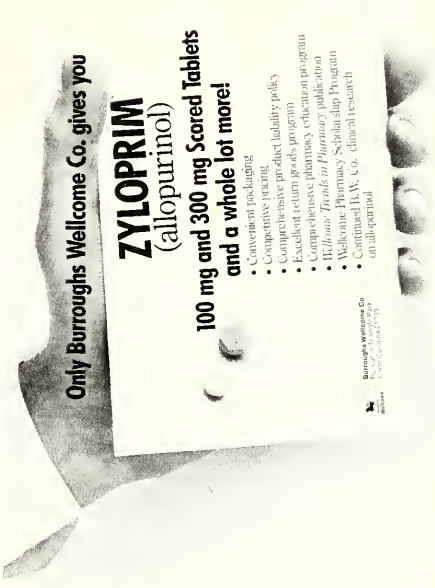
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NABLEX

the states would be minimized, thus increasing score comparability across states. In particular, the variations associated with which subtests to include in the average score, and the concerns about reporting scaled scores as decimals to facilitate the averaging process would be reduced, if not eliminated altogether.

A resolution was approved at the NABP Annual Meeting in Colorado Springs this year to accomplish these objectives and to provide that NABPLEX be one examination administered in three parts with one score by June 1986.

The Advisory Committee has already begun to work on this project with ACT. Definition of what approach to take, analysis of problems which may occur, and methodology for restructuring the examination are now under study. Hopefully, a definite plan of action will be developed within the next year. Another significant factor under study is the cost to develop this program. I'm sure you will be learning more about this project as progress is made.

I could go on and on about the Advisory Committee. However, I wanted to spend a few minutes reviewing the Test Assembly Process and the NABPLEX in June 1983.

Test Assembly Process

This is the function of the NABPLEX Steering Committee. Based upon the competency statements, items in the pool, and item statistics from previous test administrations, ACT prepares a complete preliminary draft of NABPLEX. Each item is selected on the basis of its difficulty, and how well it differentiates between the better prepared and the less well prepared candidates. Because NABPLEX is designed as a test of minimal competence, neither very easy nor very difficult items make up a significant proportion of the examination. In general, the average difficulty of the items is approximately .75, meaning that on the average, about 75% of the candidates would answer the item correctly. Care is taken to try to insure that each of the five parts of NABPLEX has approximately the same overall difficulty.

Assembling just one part of NABPLEX, such as pharmacology, is like assembling four mini-tests. The first is used to equate the new test to a previous test; the second, to equate the new test to a second previous test; the third consists of new items that have never appeared in previous tests; and the fourth consists of other previously used questions. Each of the two equating links comprises approximately 25% of the test. The new items comprise approximately 25 to 30% of the test. The remainder is made up from the other used items. Once the draft is complete from a statistical point of view, it is presented to the NSC for review from the content standpoint. Regardless of how good an item looks statistically, it will not be approved for use in a test unless the content is judged to be appropriate, current, and accurate. That judgment requires the expertise of content specialists who make up the NSC. To facilitate the review process, ACT assembles a book of alternate items from the NABPLEX pool. These alternate items cover all areas of all item types.

The NSC reviews the preliminary draft, and substitutes or revises items as required. ACT then prepares printer ready copies of the examinations and sends these to the full NRC for final review. The problems or concerns raised are dealt with, and then the examinations are printed. Before any tests are scored, a preliminary item analysis is generated as a basis for validating the answer key. Items that behaved abnormally from a statistical standpoint are brought to the attention of the NSC. If any changes are required, they are made prior to scoring the examinations.

The NABPLEX Research Studies & Scores

NABPLEX is designed as a test of minimal competence. It is intended to identify candidates who demonstrate at least the minimum amount of knowledge and skills required to practice as professional pharmacists. This point is particularly important because it emphasizes the need for an objective standard on which to base this judgment—an objective measure of "adequate competence." Setting standards and establishing passing scores is one of the most difficult but most crucial parts of any examination program.

Pass/fail, as used here, refers only to

(continued on next page)

NABPLEX

meeting, or failing to meet, the standards established by NABP as a basis for reciprocity. Originally, the standard for pass/fail was established as follows: Data were accumulated for all candidates taking NABPLEX between June, 1976 and March, 1978. (This group of candidates was defined as the NABPLEX reference group.) Based upon these data, means and standard deviations were calculated separately for each of the five subtests of NABPLEX. For each subtest, the score that fell two standard deviations below the mean was defined as the minimum passing score. In addition to requiring candidates to earn at least this minimum score on each subtest, a second criterion was also added. Candidates had to achieve a satisfactory average score across the five subtests. This minimum acceptable average score was, in fact, set considerably higher than the minimum score required for any one of the subtests. The decision to base the passing scores on the performace of a reference group was a very important one. Because of it, there is no built-in failure rate on NABPLEX. If a new group of candidates took NABPLEX and performed better than the reference group, that entire group could pass. Similarly, it is theoretically possible for an entire group to fail, though of course, such extreme deviations have never occurred on any test date.

The score scales on which NABPLEX results are reported were tied directly to the NABPLEX reference group and to the passing scores for each of the five subtests. The score that fell two standard deviations below the mean was defined as a scaled score of 60 for four of the tests, and 75 for Practice of Pharmacy. The maximum number correct was defined as a scaled score of 100 for each of the five subtests. By fixing two points, a linear conversion established the current NABPLEX score scales. The score of 60 (75 for practice) did *not* mean 60 items correct, 60% correct, or anything like that. It simply represented the score that fell two standard deviations below the mean of the reference group. It is important to emphasize that the passing scores were based upon the performance of the reference group rather than on an analysis of the content of the examinations. It is also important to note that the average score criterion of 75, as a basis for reciprocity, is a much more stringent and therefore more important criterion than is the minimum passing score for any of the five subtests. As a matter of fact if an average score of 75 or better is achieved there is a probability of .998 that each of the subtests have been passed.

Given the length of time since the original reference group was established, and given its importance in defining the score scales and passing scores, NABP decided to investigate whether an updated reference group would still provide the same results. At the same time, NABP decided to study the passing scores from a completely different perspective—a criterion referenced perspective. This involved assembling the NABPLEX Review Committee to spend a considerable time analyzing the difficulty of the tests from the perspective of a minimally competent candidate. Based upon that analysis, revised passing scores were derived and these scores were compared to those obtained from the *updated* reference group by using the, "two standard deviations below the mean" rule. Despite the fact that the results were obtained from two different perspectives, they pointed to the same conclusion. The passing scores should be somewhat higher than they have been, and NABPLEX should be rescaled to reflect that fact. Another finding that pointed to a need for rescaling NABPLEX arose from an analysis of the average score. It was noted that, although the five NABPLEX subtests are reported on scales that range from 0 to 100, the standard deviations of the subtests are substantially different. As a result, all tests do not carry an equal weight or emphasis in the average score. In particular, mathematics has been weighted too heavily, and practice of pharmacy too lightly—due largely to the way in which the score scales were originally defined.

Incorporating These Findings into NABPLEX

Although the findings of these studies are significant and point to a need for some changes, these changes can be easily incorporated into the existing framework. True, the reference group has changed, but not drastically. Also, the criterion referenced approach to standard setting has pointed to passing scores very similar to the "two standard deviations below the mean" rule based

on the old reference group and on a subset of the new reference group. Care was taken to analyze the impact of change on the entire program *before* any changes were suggested. The results can be summarized as follows.

1. NABPLEX reference group will be updated on an annual basis. It will incorporate data based upon four testing years with the most recent year weighted 40%, the second most recent year 30%, the third most recent year 20%, and the oldest year 10%. The annual report will consist of updated means, standard deviations, and frequency distributions for each of the five NABPLEX subtests and for the average score. This reference group will serve as an up-to-date standard against which to gauge the performance of current examinees, but will not be used to change the score scales or passing scores. In other words, the intention is to keep the score scales and passing scores constant unless another passing score study is deemed necessary.
2. The NABPLEX score scales have been redefined to accommodate three findings:
   - *the results of the updated reference group.
   - *the findings of the criterion referenced study of the passing scores.
   - *the need for all five tests to have an equal emphasis in the average score.

In order for all five tests to have an equal emphasis in the average score, the following formula is used to calculate the average score.

$$\text{Average Score} = \frac{(\text{Chemistry} + \text{Math} + \text{Pharmacology} + \text{Pharmacy} + 1.5 \times \text{Practice})}{5.5}$$

Thus the average score reported on NABPLEX will now become a weighted average. It is important to emphasize this fact because it will *no longer* be the case that adding a candidate's five scores and dividing by 5 will give the average score that is reported. It is also important to emphasize that this rescaling represents a shift only in subtest emphasis, not in passing rates. It is not necessarily true that more people will pass or fail, but each subtest *will* play an equally important role in the pass/fail decision now that all of the tests will, with the exception of Practice, have the same means and standard deviations. This rescaling, and the larger weight, are important for equalizing the *effective* weights or emphases of the subtests in the average score. It is also probable that scores on mathematics will no longer reach 100, a fact due largely to the spread of scores and numbers of items in that test.

To summarize, scores will *appear* much the same as they have previously. The criteria for reciprocity will remain numerically the same—a scaled score of at least 60 for four of the subtests (75 for Practice) and an overall average scaled score of at least 75. The difference is that these numbers will not be derived in the same way as they were derived previously. The passing score scales will no longer be tied directly to the reference group. They will be based upon the criterion reference study of the test content, and will take into consideration our research on the reference group. These passing scores should not change unless the content of the examinations change. The reference group will be updated on an annual basis, but the score scales will not. The updated reference group will serve as a basis for assessing the performance of new groups of candidates on NABPLEX, but it will no longer define the passing scores. With the passing scores now being content based, it remains true that there is no built-in failure rate on NABPLEX. Every candidate who demonstrates at least the minimum required amount of competence on the examination will pass.

FIXED FEES SHOULD BE ABOLISHED

John A. Johnson, President of the National Association of Retail Druggists (NARD), told members of the North Carolina Pharmaceutical Association that both private and government rules setting fixed fees for pharmacists' services must be abolished to avoid disaster.

Speaking to the NCPhA annual convention, Johnson said that NARD has been the lone voice against the fixed fee concept since its inception many years ago. (Under this arrangement, a pharmacist receives a set amount from either a government health agency, or private insurer for filling either a private or Medicaid prescription based on the cost of the medication.) Johnson branded such regulations "inequitable and destructive."

"The leaders of some national (pharmacy) associations and a host of professors chastised NARD and heralded these fees as the future for the profession" when they were first instituted, Johnson said. "Today the fees are still fixed, the production costs are accelerating, and NARD still decries the inequity, but we find too many national pharmacy leaders silent on this issue that daily threatens any retail pharmacy with disaster."

NARD advocates marketplace pricing, where consumers and free enterprise establish fees for the services of pharmacists, not government bureaucrats or giant health insurance agencies.

A long-time resident of Bellevue, Nebraska, where he operates an independent pharmacy, Johnson has been president of the NARD, which represents the owners/managers of some 30,000 pharmacies nationwide that serve 18 million consumers daily, since last October.

Johnson told the audience, too, that it would be up to pharmacists to see that the recent U. S. Supreme Court decision prohibiting unfair competition by government-run pharmacies is adhered to.

"It will be up to each of us to ensure that this interpretation of the law of the land is indeed implemented," Johnson said. "This landmark decision was a damaging blow to those who desire to stifle independent retail pharmacy, whether it be through financing unfair competition with tax revenues generated by NARD members, or by attempts to exempt government from antitrust discrimination laws once government has entered the marketplace to compete with free enterprise. While we welcome competition, we do not welcome unfair competition, especially when our own government is the culprit."

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Correspondence Course
The Era of Self-Medication

By Thomas A. Gossel, R.Ph., Ph.D.
and J. Richard Wuest, R.Ph., Pharm.D.
University Consultants, Inc.

The 1980's, more so than any other decade in recent years, will come to be known as the era of self-care. Over-the-counter (OTC) products are evolving into a highly sophisticated form of therapy. It is no longer true that OTC medications provide palliative support to relieve systems of a disease while prescription (Rx) drugs treat the disorder. Today, an OTC product must be proven to be effective to be marketed. True, there are still some proprietary products which have outlived their therapeutic usefulness, but these are being replaced by newer, more exciting, and much more effective products. There will soon be a day when any item a consumer requests can be recommended with complete confidence that it has met or exceeded very rigid standards established for safety and effectiveness.

Americans currently spend in excess of six billion dollars annually on OTC products. By next year this figure is expected to top eight billion dollars, although the recent Tylenol® Extra Strength capsule scare may dampen this estimate.

The desirability of the self-medication trend is obvious when some other figures are examined. If only two percent of all Americans who currently self-medicate with OTC products were to seek a doctor's assistance, the annual increase in physician office visits would probably approximate 300 million dollars. This added financial burden would be unmanageable by today's standards, and it is estimated that the number of primary care practitioners would need to be increased from the present 91,000 to 147,000.

Furthermore, the physician-patient contact time would have to be shortened. This reduction in time could well lead to less time for observation, less information communicated, perhaps incorrect or incomplete diagnosis, and inappropriate prescription drug usage along with increased costs.

The Pharmacist's Role in Patient Self-Care. The first logical question to ask is, "Just what role does the pharmacist play in today's era of self-care?" To answer this question we need only look at the results of recent nationwide studies. In one such study surveying over 2,100 adult consumers, 95 percent indicated they were completely satisfied with previous advice from their pharmacists.

An equally interesting report showed that consumers place pharmacists high in professional esteem. This study demonstrated that 1,443 consumers ranked the pharmacist second only to physicians as being **the** authoritative person to counsel them on OTC items. These respondents were also satisfied with the advice received because 62 percent of them were "extremely satisfied" and 35 percent more were "somewhat" satisfied, compared to the physicians' statistics of 67 percent and 32 percent. With recent switching of dozens of previously prescription-only products to OTC status, the pharmacist's role will become even more important as the challenge of counseling on correct usage is apparent.

The time is ripe for pharmacists to become more personally and professionally involved in their customers' health care needs. We have heard so many pharmacists criticize manufacturers of OTC products for placing these goods in grocery stores, automotive centers, and hotel lobbies. They complain

Gossel

Wuest

that purchasers cannot get professional advice about the products' correct uses or safety because no pharmacist is on duty. Still, many of these same professionals hide themselves behind massive prescription counter displays or make themselves unavailable to those who come for advice. Or, they casually allow a clerk to provide the very advice that they suggest only a pharmacist should give.

We would like to challenge each pharmacist to become more aware of the current trend towards consumer self-care. With this awareness, then, a commitment to aid consumers in their quest should follow. Consumers do want their pharmacists to aid them in selecting self medication needs and the current health care economics of America point to the necessity for this service. We are now in a much better position than ever before to exert a very significant influence on a major portion of the health care needs of Americans.

Look around. Times are changing! Over the past few years many OTC products have undergone changes in formulation or label information. Have you been keeping up? A vast array of consumer-oriented publications is being sold to a health-conscious nation. Will you allow yourself to be underrated by these books and articles? Studies have illustrated that consumers want more personalized service and informative consultation on the (OTC) drugs they take. Are you willing to supply this need? The market is a multi-billion dollar annual expenditure. Don't you want your share?

The U.S. Department of Commerce has emphasized the worth of self-care with OTC items. It recently stated, ". . . escalating costs of health care creates a greater need for low cost self-medication than ever before. Seventy-five percent of all illness and injuries are initially treated through self-care and OTC medications. If only a small percentage of self-treatment were shifted to medical practitioners, the patient load would disrupt the U.S. health care system."*

This and subsequent pharmacy education lessons are geared toward providing useful information on a variety of OTC products. We welcome your comments.

U.S. Department of Commerce: 1978 U.S. Industrial Outlook, Government Printing Office, Washington, D.C., 1978, p131.

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Counseling Consumers On Dry Skin

By Thomas A. Gossel, R.Ph., Ph.D.
and J. Richard Wuest, R.Ph., Pharm.D.
University Consultants, Inc.

Goals

The goals of this lesson are to:

1. Discuss the etiology and treatment of dry skin.
2. Review the pharmacology and therapeutics of drugs used to treat dry skin.

Objectives

At the completion of the lesson, the successful participant will be able to:

1. Choose the appropriate OTC agents to treat dry skin.
2. Explain the proper technique for applying these OTC agents.
3. Decide when self-treatment is not appropriate and the consumer should be referred to a specialist.

The Skin

Skin disease is an expensive disorder, both personally and to the nation as a whole. It impairs physical functioning and limits occupational activity to a much greater extent than is generally recognized. Almost one in every twenty Americans has some type of skin disorder. It has been reported that during World War II there were more U.S. evacuations from the South Pacific for skin diseases than for battle casualties. Even relatively minor afflictions (e.g., itching, rash, acne, etc.) can exert an enormous impact on a person's occupation or professional activities. For example, fissured, thickened dry skin on the hand can disable a skilled craftsman, machinist or surgeon. At the present, acute and chronic disorders of the skin account for over half of all workman's compensation cases in some states, and constitute the most common of all occupational diseases.

Other important factors involved in consumers seeking advice on dermatological conditions are the ease by which they are detected, and the psychological impact they have.

Treatment of skin disease is achieved with both OTC and prescription medications. However, the pharmacist is still the first person seen by many persons with such disorders. Since most individuals consider the majority of skin conditions to be relatively minor (albeit irritating), the pharmacist's advice is frequently followed first. Staying with the theme of this year's continuing education topic, this article will discuss those medications which can be purchased without a prescription to treat dry or itching skin.

Profile Of The Skin

The skin is a remarkable organ; it is the largest and most versatile of the body. It affords an efficient barrier to physical, chemical, and biological attack from our environment. It helps maintain the body's integrity by preventing fluid loss outward and access inward by foreign substances and microorganisms. It filters the sun's ultraviolet rays. It helps maintain the body's temperature by cooling it during warm weather and retarding heat loss in cold weather. It helps regulate blood pressure and directs the flow of blood. It plays a major role in electrolyte balance and systemic pH. We often think of the kidney as the primary organ for these functions and, it is. But at any given point in time, there is a far greater blood supply in the skin than in the kidneys. Because of its rich nerve supply, the skin plays a major role in providing the body with sensations of stimulation; it is, of course, the major organ of sexual attraction and activity.

The skin is comprised of two primary layers. The outer layer, **epidermis** (epi = upon), is the surface layer that, in turn, consists of several sublayers of cells tightly packed together. The lower level, **dermis**, is much thicker and actually serves as the "business end" of the skin since this is where the blood vessels, glands and nerve fibers are found.

The outer covering of the epidermis is comprised of dead cells that have lost most of their moisture. Because they are hard and scaly, they are referred to as the "horny layer". This layer is also called **keratin**, and the **stratum corneum**. This hardened covering is necessary for the skin's well being, as long as it is not too thick. For example, as the skin constantly regenerates itself by cellular division, new cells are formed that push upward toward the surface. During this process, cells are moved through the area of

(continued on next page)

Counseling

the dermis where a rich blood (and hence, nutrition) supply is available, and the cells are fully viable. However, as they enter into the epidermal layer and continue their migration upward, there is less available nutrition and they die.

By the time the cells reach the surface to form the horny layer, they have almost completely dehydrated. The presence of this horny layer provides protection for the underlying levels of skin tissue. Normally, substances trying to cross body cell membranes can only penetrate through cells that are alive. Once dead, the mechanisms responsible for transmitting chemicals across cellular membranes are no longer operative and the dead cells serve as effective barriers.

Excessively thickened keratin also contributes an important pathologic role when the normal physiological properties of sweat glands and sebaceous glands are considered. For example, sweat is one of the body's excretory products. It consists of numerous waste products of the skin's cellular metabolic reactions. Sweat is excreted from the body through tiny ducts that open to the skin's surface. Here, the sweat evaporates into the air. However, when the keratin layer is too thick, sweat cannot reach the outermost skin as readily. This is especially true during periods of excessive sweating when sweat may accumulate under the horny layer where it can cause intense stimulation of nerve fibers leading to persistent and severe itching.

Lichenification. This is a term that describes a process due to an "itch-scratch" cycle. The process is stimulating through repeated irritation (e.g., by scratching) of the keratin layer.

To illustrate, consider an individual whose skin is dry, or for some other reason itches profusely. The individual scratches the area to relieve the itching. The scratching may relieve the itching and nothing else is noticed. However, in some instances, especially when the skin is excessively dry, scratching initiates a phenomenon known as the "itch-scratch" cycle. Once the scratching stimulation is started, the itch is only temporarily relieved and returns momentarily. This causes more scratching which induces even more itching, and so forth. If scratching persists only a day or two, there is no longterm damage. However if the individual continues to scratch, even so slightly, or rub the area over a prolonged period, such as several weeks to months, lichenification (skin becomes smooth, hard and almost "shellac-like" in appearance) occurs. The process occurs because of chronic irritation of the horny layer which, in essence, destroys more and more cells. As they accumulate one on top of the other, the horny layer's depth is greatly increased. Because moisture cannot penetrate into the thickened horny layer and partly because sweat cannot be extruded as readily from the sweat gland ducts, itching is the usual outcome.

Dry Skin

Dry skin (xeroderma) is one of the least understood but most common afflictions suffered by millions of Americans. It can occur at any age, but it is most common in people over 70. It is also most generally experienced on the legs, although a great many post-menopausal women have dry skin of the face. While certainly not life threatening, dry skin does cause a wide variety of physical discomforts and can predispose the skin to invasion by ineffective organisms.

Dry skin is not well understood by the medical community or by consumers. Since it is usually secondary to some other abnormality (e.g., lack of adequate production of endogenous estrogens), it is rarely taught in medical school or discussed in textbooks, as a disease state of its own.

Commercial advertising and its puffery have not helped the situation, and its outlandish claims for a "cure" have confused the public. A case in point is the estrogen-containing cosmetics. The word "cosmetics" is used because, labeled "drugs," they fail FDA's tests for safety and effectiveness. While undoubtedly safe, there is no evidence that applying estrogens to the surface of the skin will correct a situation (i.e., dry skin) which is caused by an inadequate supply of endogenous hormones.

Dry skin is a condition in which there is insufficient moisture present in the outermost layers of the skin. The most important factor for adding moisture to the skin is the relative humidity. There is a direct proportion between the quantity of moisture that keratin will absorb, and the relative humidity. At 60 percent relative humidity, the moisture content of keratin will be 10 percent or

greater and it remains soft. At this point, skin is fully elastic and smooth and its physiologic functions are maximized. However, when keratin is no longer moist, skin is brittle and relatively defenseless. A 10 to 15 percent keratin hydration level is normal for most climates. Once the relative humidity of air decreases, such as during the winter months when households are heated with furnace air that has not been humidified, keratin's moisture content drops below the critical 10 percent minimum. It then dries, cracks and loses its integrity as a physical barrier. Furthermore, all of the symptoms of dry skin previously described may be experienced. Realize of course that moisture can be added to the upper layers of skin by diffusion from the deeper levels. However, moisture moving upward through the skin is a slow process and, for all practical purposes, this provision is not an efficient means for maintaining a softened keratin layer.

Actually, dry skin is a problem during all seasons, not just the winter. However, the cold, dry winter months do affect the skin the most. This is partly due to household heating systems that warm the inside air without replacing moisture, but also to strong arctic winds with their lower relative humidity that pulls moisture off exposed skin. During the summer months, people who spend a lot of time in air conditioned buildings may also experience dryer-than-normal skin. Excessive exposure to sunlight and artificial ultraviolet light also burns, and therefore, dries out the skin. This concept will be explained in more detail in a future lesson.

During any season of the year, the chronic use of strong soaps and detergents, or strong solvents and cleaners may remove lipid (from the skin's surface) that normally aids in preserving moisture. This lipid material, composed largely of sebum, is important because throughout life it helps trap and hold moisture on the skin. With aging, there is a decrease in the quantity of lipid produced by the body. This allows moisture to evaporate from the skin more readily, so dry skin is also a problem that worsens as we grow older.

Appearance. In the early stages of a dry skin condition, the skin does not appear different. However, with time, small cracks (chaps) or fissures that may cause scaling appear. The affected skin may appear reddened (erythema) due to the underlying blood vessels dilating in an attempt to provide more moisture to the area. The skin then feels dry and itching is common. As the dryness continues, itching increases. The skin begins to flake off in large patches that frequently leave diamond-shaped lesions. If dryness is severe enough, itching may become so intense as to cause almost constant scratching or rubbing and, thus, dermatitis and/or infection occurs.

TREATMENT OF DRY SKIN

There are numerous treatments for dry skin conditions, and a few points about them are worth mentioning.

(1) The best way to treat dry skin conditions, and to prevent drying in the first place, is through increasing the amount of moisture in the environment. This is best achieved by adding a central humidifying unit to the furnace, or by minimally running the air conditioner's dehumidifying element during the summer. One less expensive alternative to these is using a cool mist vaporizer whenever the air is dry.

Relative humidity is the ratio of the amount of water the atmosphere can hold in relation to that quantity actually present. When the relative humidity is 65 percent, for example, the air in the area contains 65 percent of its maximum capacity (i.e., when it is raining the relative humidity approaches 100%). Warm air that has 50 percent relative humidity contains far more actual moisture than air at 10° F with the same relative humidity reading because warm air can hold more moisture than cold air.

When cold air is brought into a home warmed by a furnace that does not humidify air as it is heated, the relative humidity within the home will drop significantly. This happens because there is no reservoir of water to replace that removed when we breathe, or to contribute the extra moisture needed to maintain the inhouse relative humidity.

(2) Avoid excessively long baths, very hot water, and strong detergents/soaps. Avoid any chemical irritant or rough clothing that constantly rubs against the skin. Elderly people should bathe infrequently and blot the skin dry rather than rub it.

(continued on page 21)

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(3) Apply a skin emollient/protective to rehydrate or prevent further dehydration of the stratum corneum.

Occlusives. The primary goal in treating dry skin is to increase the water content of the stratum corneum to at least 10 percent. Simply placing water onto the skin, however, is not an effective means to rehydrate keratin, because the skin cannot retain it unless it is physically held there. In fact, frequent or prolonged bathing or soaking without occlusion can actually remove moisture and dry the skin even more than it was previously.

The most effective means for rehydrating the stratum corneum of patients with dry skin without complicating dermatitis or secondary dermal infections is to first soak it for about ten minutes, then cover the area with an occlusive dressing. This permits keratin to soften, and then if a hydrophobic (occlusive) agent is applied, the moisture will be retained within the keratin and maintain the softness. These occlusive preparations include any water in oil (w/o) emulsion-based product such as lanolin, or, petroleum jelly (e.g., Vaseline®). These products also fill in tiny fissures on the skin and help smooth it. However, these same items may not be acceptable to many patients because they leave a greasy film, readily stain clothing, and in general, are messy and hard to work with.

It may help to bathe in water to which one of the proprietary products such as Aveeno Oilated® or Alpha Keri Bath Oil® has been added. Because these products render the bathtub quite slippery, persons using them should take special precautions to avoid injury, and elderly or weak patients should not use them unless they are aided getting into and out of the tub. More efficient hydration is usually achieved, however, by soaking in plain water no more than once a day, followed by application of the occlusive emollient.

If the product's greasy film on the skin is unacceptable, an oil in water (o/w) emulsion product may be chosen as a second alternative. Once applied, water evaporates from these products and provides a sensation of cooling which also may aid in itch control. They do leave a thin layer of oil which at first feels greasy, but overall, they provide minimal occlusiveness. They are, therefore, less effective than w/o emulsion-based products.

Simply applying an occlusive agent without first soaking the area in water, or just patting water on the area, is not usually sufficient to correct a dry skin condition especially during the winter months. Occlusive emollients used alone can block evaporation of water from the skin, but researchers have shown that this barrier action is not sufficient to maintain normal hydration. As stated above, moisture movement from deeper structures to the keratin layer is a slow process.

A great variety of products containing high concentrations of animal and vegetable oils have appeared on the market in recent years. Such "natural" products that contain oils of turtle, mink, sesame, jojoba, or avocado, or other exotic substances of natural origin may possess a certain psychological appeal. But their occlusive properties are less effective than petrolatum and their cost is frequently inflated.

Likewise, fad products containing vitamins A, D, or E, elastin, collagen, or the so called "natural moisturizing factor" (NMF) which are promoted for dry skin conditions offer no significant benefits over using their emollient base alone. Because of this, as well as their high price, they should not generally be recommended. Products that contain more than 15 percent propylene glycol should be avoided since they may actually worsen the dry skin condition.

Moisturizers (Humectants). Glycerin and products that use glycerin as their base have long been employed as skin moisturizers and generally are effective for this purpose. Glycerin probably acts by attracting moisture from the air and holding it on the skin where it can then penetrate into the keratin layer. There is also some evidence that it may work in another yet unknown manner. A 50 percent solution of glycerin (e.g., glycerin and rose water) provides adequate hydration of the skin in most persons. Glycerin-based products are mainly effective when the environmental relative humidity is high (e.g., during the summer months). To be maximally effective during the winter, a humidifier or vaporizer must be used concurrently to raise relative humidity in the home. Despite this drawback, when a thin layer is gently applied several times a day, glycerin can provide an effective, yet economical means

to treat even the driest of otherwise uncomplicated skin conditions.

Urea is another moisturizing agent to consider. Urea is a component of urine and, for centuries, people have applied animal and human urine to dry skin with apparently successful results. Needless to say, applying urine to the skin is no longer an acceptable form of therapy in today's society. Urea increases water uptake into the keratin layer. There are numerous products available that contain 2 to 30 percent urea (Table 1) and it can be added *secundem artem* to most pharmaceutical bases. One possible exception is 50 50 Aquaphor® and water in which the urea will sometimes take up the water and leave a gooey mess. This can generally be overcome by using Eucerin® instead of Aquaphor® and water. Urea products are safe and effective for treating dry skin, except for an occasional person who may show some tissue sensitivity.

Choosing a product. Frequently, a patient is faced with choosing between a cream, gel and ointment form of the same product and the pharmacist is asked to assist. These pharmaceutical bases do offer distinct advantages over each other when used for certain purposes. Choosing the correct base may mean the difference between the product working or not. Thus, a few words about them are in order.

Creams are easily rubbed into the skin to leave an invisible film layer, but they are also water-washable and non-occlusive. They have a distinct disadvantage in not occluding the skin well. Therefore, creams do not provide moisture to the skin or retain it there. Unless specifically indicated (e.g., when an oozing dermatitis is present, or as discussed below) a cream-based product should not be used to treat a dry skin condition.

Products with **ointment** bases are not miscible with water and thus are not readily removed by washing. They provide excellent occlusive properties and hold moisture onto the skin where it can penetrate into keratin. An ointment base should be recommended for most patients with dry skin unless otherwise contraindicated (e.g., when seeping lesions or pus-producing infection is present, on hairy areas, or on large areas of the face). Many specialists believe that for severely uncomfortable and large dry skin areas on the face, the patient will not comply fully with proper administration of medication because of the unsightly appearance caused by greasy ointments. For this reason, a cream, even though it doesn't provide as much occlusion, may be better than an ointment when lack of compliance will result in little benefit to the condition.

Gels have a high alcohol content. When applied to the skin, they "break down" into their water and alcoholic components. These then evaporate to produce a cooling sensation. While gels have a significant place in dermatological therapy (i.e., acne), they reduce the moisture content even more. This is especially true with repeated usage of gels.

Counseling

TABLE 1
Commercially Available Products Promoted For Relieving Dry Skin

Urea—Containing Products
Aquacare
Carmol
Lowilla
Neutragenic Body
Neutraplus
Vitamin A&D—Containing Products
'A&D'
Balmex
Caldesine
Clocream
Comfortine
Desitin
Emollients
Acid Mantle
Allercreme
Corn Huskers
Dermassage
Jergens
Keri
Lanolor
Lubriderm
Neutragenic
Nivea
Oil of Olay
Purpose
Shepards
Vaseline Intensive Care
Wibi

Itching

A major symptom of dry skin is a lowered threshold to pruritic stimuli. Pruritus (itching) is the most common symptom encountered in dermatology, being especially bothersome to people with dry skin, and people with eczema. To most people, itching is even more aggravating and uncomfortable than pain. Dry skin itches and as the victim attempts to relieve it, the "itch-scratch" response may initiate development of severely inflammed skin as explained earlier.

Rehydrating dry skin is frequently all that is needed to terminate itching. However, on ocassion, itching persists long after moisture has been added. When this occurs, a topically-applied antipruritic remedy with a moisturizer or occlusive preparation will often be useful.

A variety of preparations that contain a local anesthetic on antihistamine in an ointment base is available and effective. They will be discussed in a future lesson. For otherwise "intolerable" itching caused by dry skin, the patient should follow the recommendations presented earlier for soaking, then applying one of these products. Their benefit is twofold: they occlude moisture, and provide a mild numbing sensation. However, these preparations should not be used regularly, or by people whose skin is easily irritated by soaps or other chemicals. Such persons may have an underlying eczema that is best treated by other means. Antihistamines and local anesthetic products may cause sensitization of the skin to increase pruritus and dermatitus in susceptible persons, if they are used over long periods.

Products that have a high alcohol content should also be avoided as these will dry the skin even further. Likewise, "shake lotions" (e.g., calamine lotion) that dry to form a paste should not be used. Their drying ("drawing") action will actually exacerbate the itching and discomfort.

Consumer Advice

The pharmacist can aid a patient's self treatment for dry skin with OTC products by explaining why a petrolatum-type product is better than a non-greasy one. Explain what a little goes a long way, use it sparingly, and rub off any excess. These points should help maximize compliance. Without proper compliance, whether it be following the manufacturer's instructions on OTC's or the physician's directions on prescription dry skin remedies, there is little hope that the condition will be corrected. Since this type of skin condition is tenacious and hard to treat, even with compliance, often the best hope is for alleviating the itching and preventing a worsening of the condition.

If a person is self-medicating for months, and the itching is not relieved or the condition has worsened, it is time to consider obtaining the advice of a dermatological specialist.

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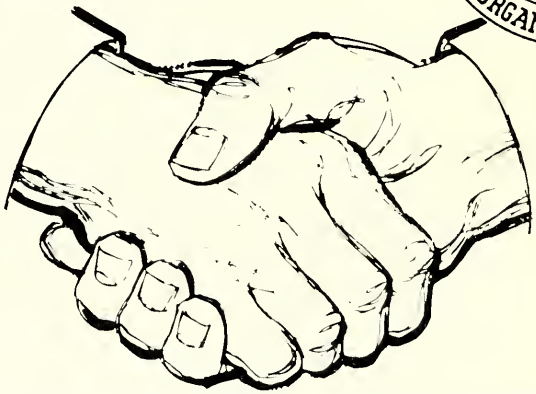

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REPORT OF THE COMMITTEE ON PUBLIC AND PROFESSIONAL RELATIONS

Boone, North Carolina
June 19-21, 1983

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Melissa Tillman, *Chapel Hill**

* *Student Members*

The Committee on Public and Professional Relations met January 23, 1983 at the institute of Pharmacy. Those in attendance were Bruce Canaday, Wilmington; Mary Dorsey, student—Chapel Hill; Shirley Clifton, student—Chapel Hill; Loni Garcia, Chapel Hill and Pam Joyner, Raleigh.

The Committee felt it would be appropriate to go on record in support of the efforts underway in our State to control the problem of drunken driving. We did not feel it prudent to either endorse nor object to the recommendations of the Governor's Task Force on Drunken Driving. A letter was sent to Governor Hunt indicating our support of the efforts of the state government to decrease drunken driving in our state.

At the 1982 Annual Meeting of the APhA, the House of Delegates adopted a policy statement on the issue of the Impaired Pharmacist. This committee believes that the Association should determine the need for such a program in North Carolina and if the need exists, a program should be developed to identify and help our state's impaired pharmacists. A recommendation was forwarded to the Executive Committee that a Task Force be created to address these questions. We further suggested cooperation with the Board of Pharmacy should be fostered by including on the Task Force at least one member of the Board of Pharmacy.

A letter was also written to the Senate at the School of Pharmacy urging them to consider ways by which they could address the issue of impairment in the student body.

At the 1981 NCPhA Annual meeting, a program for the distribution of free Ipecac Syrup to North Carolina households with small children was recommended to the convention participants. While interest in such a program was apparent at the convention, the program has yet to be initiated. Believing this to be a worthwhile project, the Committee recommended to the Executive Committee that a coordinator be appointed to attempt to implement the program.

Acting upon the resolution passed at last year's convention, the Committee discussed ways in which a positive lifestyle/image can be fostered in pharmacy students. The Task Force on Professionalism of Pharmacy Students at the School of Pharmacy has made significant strides towards the goal. The Committee wrote Dean Miya in praise of the efforts of the School's Task Force and offered the NCPhA's help in whatever manner is seen to be appropriate. The NCPhA is officially represented on the Task Force by SuzAnne Wheatley.

There are available from Eli Lilly four radio and television public service announcements that present consumer information on prescription medicines. The Committee reviewed the announcements and felt them to be an excellent public relations project. Upon exploring ways of effectively broadcasting these announcements, personal contact and follow up with the radio/television station is probably the best way. NCPhA members who are interested in promoting consumer awareness using this media are urged to contact the Association Office.

The Committee reviewed the various consumer information publications available

(continued on page 27)

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from the USP Convention. Acting upon the Committee's recommendation, the book *About Your Medicines* is now available from the Association. Press releases have been sent to newspapers statewide. Patient information leaflets on numerous drugs will be available from the Association office as well.

In response to the Post Marketing Surveillance resolution adopted at the 1982 Annual meeting, this Committee recommended to the Executive Committee that a joint task force with the NCShP be created to develop a PMS plan for the state. We further recommend that the task force efforts be coordinated with the FDA and that upon the development of a suitable PMS plan that the N.C. Medical Society be asked to take part in its implementation.

The Parke-Davis Elder Care program was discussed by this Committee. The program is designed to encourage more two-way communication between the pharmacists and their older patients regarding medication needs. Association members are encouraged to take part in the Elder Care Program in whatever way is best for the pharmacy. Written patient education materials are available. Parke-Davis has launched the program with massive media campaigns—both to the public and the pharmacists.

This Committee recognizes the importance of pharmacy students to the future success of this organization. Many decisions of this Association effect pharmacy students, both when made and in the future. The Committee therefore recommends that pharmacy students be kept apprised of the NCPhA policy decisions and pertinent business. The student newsletter, "PharmPhacs," was suggested as one way of accomplishing this.

The Committee also recognizes and appreciates the quality and benefit derived from student participation on NCPhA Committees. The Association should continue to encourage such active participation.

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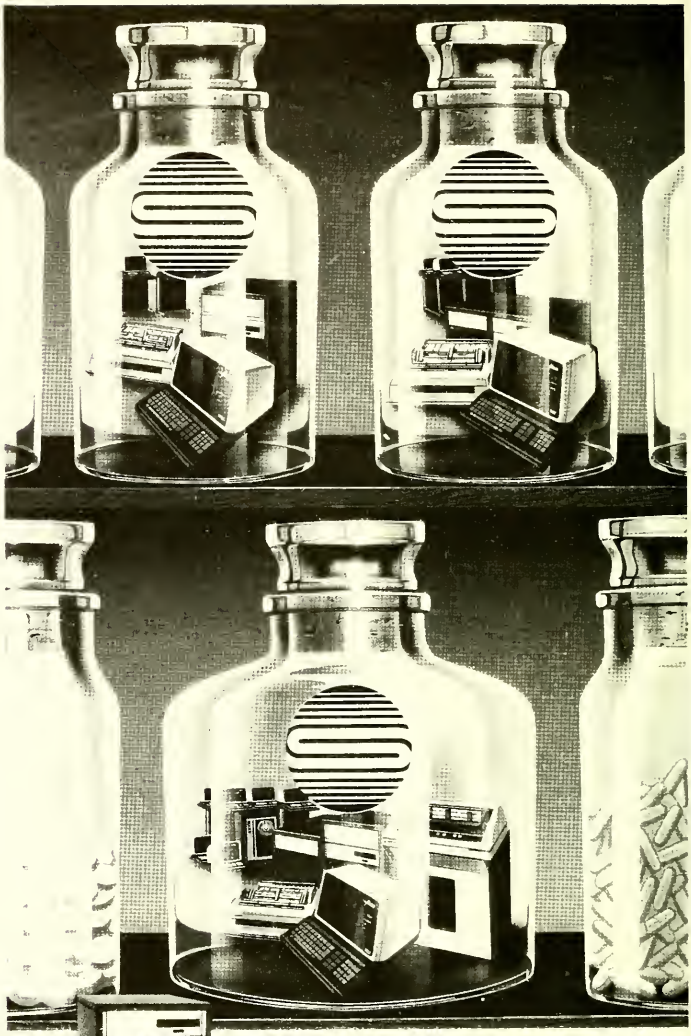

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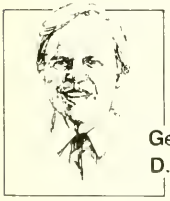

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Mr. and Mrs. H. Shelton Brown, Jr.
103rd Annual Convention, Boone, N.C.
June 20, 1983

We pause at this time to reflect on the loss of those fellow members who have died in the past year. These individuals will be remembered for their contributions to their profession and community as well as for their loyalty to this Association. Their love for their profession remains with us in our fond memories of them.

Even in death, they have not entirely left. We choose the long-stemmed red rose to symbolize their continued presence in us. The stately long stem represents their commitment and quest for the highest standards and ideals in our profession. The beautiful flower is symbolic of their earthly life amongst us.

DECEASED MEMBERS

Charl Henry Sanders, Granite Quarry
April 5, 1982
Dr. Urbano Soler, Miami, Florida
May 6, 1982
Philip David Brauer, Lexington
May 23, 1982
David Edgar Sutliff, Eustis, Florida
May 26, 1982
Carlton Oliver Winter, Jacksonville
May 31, 1982
David Ralph Coppala, Charlotte
June 9, 1982
Thomas Melville Stanback, Salisbury
June 21, 1982
Oscar Logan Umstead, Durham
August, 1982
Gold Blaton Propst, Morganton
August 9, 1982
Joseph Connie Estes, Jr., Reidsville
August 21, 1982
Lisa Grace King, Cary
September 29, 1982
John Waller Smallwood Biggs, Greenville
November 23, 1982
Archibald Williams Palmer, Sanford
December 8, 1982
Alfred Gene Smith, Elizabethtown
December 10, 1982
Howard Marion Logan, Blowing Rock
December 10, 1982
Steve H. Ashcraft, Spartanburg, SC 1982
Fonnie Jackson Andrews, Baltimore, Maryland
May 5, 1983

MARRIAGES

Diane Kay Warren, Durham and *Reginald Lee Hardy,* Elkin were married Saturday, August 13th at Asbury United Methodist Church in Durham. The Rev. Jack M. Hunter officiated.

The bride is a 1982 graduate of the University of North Carolina School of Pharmacy and is a pharmacist at Morehead Memorial Hospital in Eden.

The bridegroom is a 1981 graduate of the University of North Carolina School of Pharmacy and is a graduate student at the University of North Carolina at Greensboro. The couple live in Eden.

PHARMPAC ELECTION RESULTS

1st District	Jim Blount, Edenton
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If you have questions about PharmPAC, or wish to become more involved in this part of political activity, please contact your district director, or Henry L. Smith, Secretary Treasurer, NC PharmPAC, P.O. Box 1313, Chapel Hill, NC 27514.

BIRTHS

Tom (Buster) Nicholson (BS Pharmacy 1977) and Luanne J. Nicholson, Fayetteville, announce the birth of their son, Thomas I. Nicholson, III on April 28, 1983.

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ROGER SLOOP

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3. FREQUENCY OF ISSUE: Monthly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 12	3B. ANNUAL SUBSCRIPTION PRICE: $12.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (*Street, City, County, State and ZIP Code) (Not printers*)
P. O. Box 151, Chapel Hill, NC 27514

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OF GENERAL BUSINESS OFFICES OF THE PUBLISHER (*Not printer*)
SAME AS ITEM 4

6. FULL NAMES AND COMPLETE MAILING ADDRESS OF PUBLISHER, EDITOR, AND MANAGING EDITOR (*This item MUST NOT be blank*)
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PS Form 3526, July 1982

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THE CAROLINA
JOURNAL of PHARMACY

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DECEMBER 1983 VOLUME 63 NUMBER 12

David D. Claytor, NCPhA President, presents a check for one thousand dollars, in memory of Jesse S. Stewart, to Elizabeth Barringer Houff, the first recipient of the Jesse S. Stewart Memorial Scholarship. Story on page 25.

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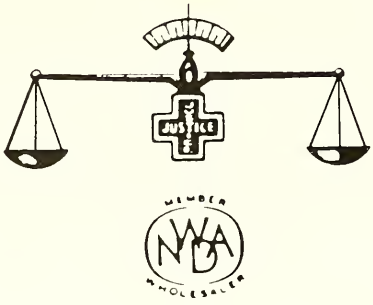

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THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

DECEMBER 1983 VOLUME 63 NUMBER 12

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(919) 967-2237

December, 1983

The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, NC 27514. Subscription rate (Continental US): $12.00 a year; single copy, $1.00. Overseas rates on request. Provided to NCPhA members through allocation of annual dues. Second class postage paid at Chapel Hill, NC.

A REVIEW: SUPPLY AND DISTRIBUTION OF PHARMACY SERVICES IN NORTH CAROLINA*

The emphasis of the Pharmacy Area Health Education Centers (AHEC) Program continues to grow as an interdisciplinary program of didactic and clinical education throughout the State of North Carolina. By so doing, it is expected a positive impact on the purposes and objectives for which the AHEC Program was implemented, i.e. to improve the supply, distribution, quality, utilization, and efficiency of health manpower, would naturally result.

Available data supposes that the supply and distribution of pharmacy services throughout the state is adequate. In an effort to verify this presupposition the following review was performed. It must be recognized, however, since North Carolina is primarily a rural state and has more than 50% of its population distributed in towns of less than 2500, no attempt was made to distinguish between urban centers vs. rural centers; nor was any attempt made to differentiate hospital vs. community pharmacists or pharmacies. What is presented is the number of active (practicing) resident pharmacists and pharmacies in a generic sense as they exist at the time the data is presented in this review, and in relation to the population of the county, area, and state.

It is interesting to note every county in North Carolina has at least one pharmacy. Although Gates and Hyde counties of Eastern-AHEC do not show any resident practicing pharmacists, both counties have two (2) pharmacies. Six other counties of the Eastern-AHEC have only one pharmacy. Three are located in the far northeastern section of the state—Currituck, Camden, and Perquimans; two are located on the sounds—Tyrell and Pamlico; and one further inland—Greene County.

Although overall the data for the Mountain-AHEC is quite favorable, it is interesting to note both Clay and Graham counties have only two pharmacies. Even though the ratio of pharmacists and pharmacies to population is quite favorable, one cannot avoid asking the question how readily accessible is the provision of pharmacy services for the people in these counties. On the other extreme, the Non-Affiliated Area shows a markedly disproportionate number of pharmacists (341). This is undoubtedly due to the existence of two major university health centers with large teaching hospital and pharmacy departments, the School of Pharmacy, and pharmaceutical industries of the Research Triangle Park.

Comparing the ratio of pharmacists to population for North Carolina with a study conducted five years ago in 1978, it is interesting to observe this figure grew from *48.7* per 100,000 to *61.7* – an increase of 26.7%. Population during this period increased only 7.9%. One may ask, "Are we, as a School, educating more pharmacists at a rate faster than the state can utilize?" If the current demand for pharmacists serves as an indicator, I do not think so; nevertheless, as we plan for future growth and program development, we must remain ever mindful of the potential trends influencing professional growth and opportunities for our graduates. We can postulate perhaps that we are arriving at a plateau.

I began this review to verify the presupposition that the supply and distribution of pharmacy services in North Carolina is reasonably adequate. Statistics indicate that North Carolina fares reasonably well statewide as well as nationwide with relatively even distribution patterns for most of the AHECs.

---

*Prepared by: Claude U. Paoloni
Associate Professor
Director of Pharmacy AHEC & Continuing Education Programs UNC-CH School of Pharmacy

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF PHARMACY

AHECS	No. Resident Practicing Pharmacists[1]	Population[2]	Pharmacist-to-Population Ratio	No. of Pharmacies[1]	Pharmacy-to-Population Ratio
Area L	146	264,143	1:1809	74	1:3570
Charlotte	558	976,873	1:1751	253	1:3861
Eastern	365	733,178	1:2009	182	1:4208
Fayetteville	276	637,160	1:2309	142	1:4487
Greensboro	404	634,801	1:1571	189	1:3359
Mountain	330	487,184	1:1476	163	1:2989
Northwest	677	1,076,834	1:1591	308	1:3496
Wake	379	525,722	1:1387	156	1:3370
Wilmington	154	253,452	1:1646	82	1:3091
Non-Affiliated	341	292,418	1:858	76	1:3848
TOTAL	3,630	5,881,766	1:1620	1,625	1:3620

North Carolina per 100,000 population: Pharmacists 61.7; Pharmacies 27.6
United States per 100,000 population: 64.7[3]

[1] North Carolina Board of Pharmacy, January, 1982.
[2] Population: 1980 Census.
[3] Active Practicing Pharmacists. References: U.S. Dept. of Health and Human Professions, Health Resources Administration, Bureau of Health Professions, Division of Health Professions Analysis, June 1981.

AREA L AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Edgecombe	19	55,988	1:2947	19	1:2947
Halifax	28	55,286	1:1975	19	1:2910
Nash	46	67,153	1:1460	14	1:4797
Northhampton	7	22,584	1:3226	5	1:4517
Wilson	46	63,132	1:1372	17	1:3713
TOTALS	146	264,143	1:1809	74	1:3570
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Area L AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	55.3	61.7	64.7
Pharmacies	28.0		

[1] North Carolina Board of Pharmacy, January, 1982.
[2] Population: 1980 Census.
[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

(Continued on Page 7)

Summa Cum Laude this summer.

Early this summer these four young women joined the Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process . . . learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we graduated them from the internship program, we wished them well in finishing their educational requirements, and parted knowing that we'll enjoy seeing each other in the years ahead.

Upjohn

Suzan N. Yaman, Drake University Margie M. Deasy, Medical College of Virginia Karen A. Weaver, University of Toledo
Jill E. Wikman, University of Michigan

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF PHARMACY

MOUNTAIN AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Avery	9	14,409	1:1601	5	1:2882
Buncombe	140	160,934	1:1150	51	1:3156
Clay	4	6,619	1:1655	2	1:3310
Cherokee	11	18,933	1:1721	8	1:2367
Graham	3	7,217	1:2406	2	1:3609
Haywood	35	46,495	1:1328	15	1:3100
Henderson	41	58,580	1:1429	20	1:2929
Jackson	13	25,811	1:1985	7	1:3687
Macon	13	20,178	1:1552	9	1:2242
Madison	7	16,827	1:2404	8	1:2103
McDowell	17	35,135	1:2067	9	1:3904
Mitchell	9	14,428	1:1603	7	1:2061
Polk	8	12,984	1:1623	6	1:2164
Swain	3	10,283	1:3428	5	1:2057
Transylvania	13	23,417	1:1801	6	1:3903
Yancey	4	14,934	1:3734	3	1:4978
TOTALS	330	487,184	1:1476	163	1:2989
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Mountain AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	67.7	61.7	64.7
Pharmacies	33.5		

WILMINGTON AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Brunswick	15	35,777	1:2385	12	1:2981
Columbus	32	51,037	1:1595	16	1:3190
Duplin	18	40,952	1:2275	15	1:2730
New Hanover	84	103,471	1:1232	33	1:3135
Pender	5	22,215	1:4443	6	1:3703
TOTALS	154	253,452	1:1646	82	1:3091
North Carolina	3,630	5,881,766	1:1620	1,615	1:3620

NOTE: Per 100,000 Population	Wilmington AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	60.8	61.7	64.7
Pharmacies	32.4		

[1] North Carolina Board of Pharmacy, January, 1982.

[2] Population: 1980 Census.

[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

(Continued on Page 9)

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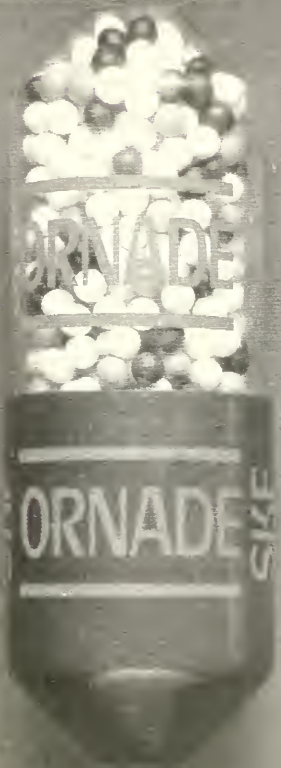

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CHARLOTTE AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Anson	7	25,649	1:3665	5	1:5130
Cabarrus	55	85,895	1:1561	22	1:3905
Cleveland	45	83,435	1:1855	28	1:2908
Gaston	91	162,568	1:1786	39	1:4169
Lincoln	27	42,372	1:1570	12	1:3531
Mecklenburg	251	404,270	1:1610	104	1:1610
Rutherford	28	53,787	1:1920	18	1:2989
Stanly	24	48,517	1:2022	11	1:4411
Union	30	70,380	1:2347	14	1:5027
TOTALS	558	976,873	1:1735	253	1:3861
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Charlotte AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	57.6	61.7	64.7
Pharmacies	25.9		

FAYETTEVILLE AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Bladen	12	30,491	1:2541	9	1:3388
Cumberland	82	247,160	1:3014	32	1:7724
Harnett	28	59,570	1:2128	18	1:3309
Hoke	9	20,383	1:2265	5	1:4077
Moore	34	50,505	1:1485	14	1:3608
Sampson	30	49,687	1:1656	15	1:3312
Scotland	17	32,273	1:1898	12	1:2689
Richmond	21	45,481	1:2166	12	1:3790
Robeson	43	101,610	1:2363	25	1:4064
TOTALS	276	637,160	1:2309	142	1:4487
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Fayetteville AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	43.3	61.7	64.7
Pharmacies	22.3		

[1] North Carolina Board of Pharmacy, January, 1982.

[2] Population: 1980 Census.

[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

(Continued on Page 11)

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF PHARMACY

NON-AFFILIATED AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Chatham	29	33,415	1:1152	7	1:4774
Durham	139	152,785	1:1099	44	1:3472
Orange	158	77,055	1:488	16	1:4816
Person	15	29,164	1:1944	9	1:3240
TOTALS	341	292,419	1:858	76	1:3848
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Non-Affiliated AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	116.6	61.7	64.7
Pharmacies	26.0		

NORTHWEST AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Alexander	13	24,999	1:1923	6	1:4167
Alleghany	6	9,587	1:1598	3	1:3196
Ashe	8	22,325	1:2791	6	1:3721
Burke	47	72,504	1:1543	25	1:2900
Caldwell	29	67,746	1:2336	17	1:3985
Catawba	83	105,208	1:1268	41	1:2566
Davidson	48	113,162	1:2358	29	1:3902
Davie	20	24,599	1:1230	5	1:4920
Forsyth	202	243,683	1:1206	63	1:3868
Iredell	55	82,538	1:1501	27	1:3057
Rowan	57	99,186	1:1740	25	1:3967
Stokes	12	33,086	1:2757	7	1:4727
Surry	37	59,449	1:1607	23	1:2585
Watauga	22	31,666	1:1439	10	1:3167
Wilkes	25	58,657	1:2346	12	1:4888
Yadkin	13	28,439	1:2188	9	1:3160
TOTALS	677	1,076,834	1:1591	308	1:3496
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Northwest AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	62.9	61.7	64.7
Pharmacies	28.6		

[1] North Carolina Board of Pharmacy, January, 1982.

[2] Population: 1980 Census.

[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF PHARMACY

WAKE AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Franklin	16	30,055	1:1878	9	1:3339
Granville	25	34,043	1:1362	13	1:2619
Johnston	35	70,599	1:2017	21	1:3362
Lee	24	36,718	1:1530	12	1:3060
Vance	8	36,748	1:4594	9	1:4083
Wake	267	301,327	1:1129	86	1:3504
Warren	4	16,232	1:4058	6	1:2705
TOTALS	379	525,722	1:1387	156	1:3370
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	AHEC	Wake N.C.	U.S.[3]
Resident Practicing Pharmacists	72.0	61.7	64.7
Pharmacies	29.7		

[1] North Carolina Board of Pharmacy, January, 1982.
[2] Population: 1980 Census.
[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

GREENSBORO AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Alamance	54	99,319	1:1839	29	1:3425
Caswell	4	20,705	1:5176	3	1:6902
Guilford	237	317,154	1:1338	104	1:3050
Montgomery	12	22,469	1:1872	7	1:3210
Randolph	50	91,728	1:1835	19	1:4828
Rockingham	47	83,426	1:1775	27	1:3090
TOTALS	404	634,801	1:1571	189	1:3359
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Greensboro AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	63.6	61.7	64.7
Pharmacies	29.8		

[1] North Carolina Board of Pharmacy, January, 1982.
[2] Population: 1980 Census.
[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

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EASTERN AHEC

County	No. Resident Practicing Pharmacists[1]	Population[2]	Ratio	No. of Pharmacies[1]	Ratio Population/ Pharmacies
Bertie	7	21,024	1:3003	5	1:4205
Beaufort	26	40,355	1:1552	11	1:3669
Camden	1	5,829	1:5829	1	1:5829
Carteret	24	41,092	1:1712	13	1:3161
Chowan	5	12,558	1:2512	4	1:3140
Craven	31	71,043	1:2292	16	1:4440
Currituck	1	11,089	1:11089	1	1:11089
Dare	8	13,377	1:1672	5	1:2675
Gates	0	8,875	—	2	1:4438
Greene	3	16,117	1:5372	1	1:16117
Hertford	17	23,368	1:1375	8	1:2921
Hyde	0	5,873	—	2	1:2937
Jones	2	9,705	1:4853	2	1:4853
Lenoir	38	59,819	1:1574	22	1:2719
Martin	12	25,948	1:2162	9	1:2883
Onslow	28	112,784	1:4028	14	1:8056
Pamlico	3	10,398	1:3466	1	1:10398
Pasquotank	15	28,462	1:1897	10	1:2846
Perquimans	5	9,486	1:1897	1	1:9486
Pitt	91	90,146	1:991	26	1:3467
Tyrell	1	3,975	1:3975	1	1:3975
Washington	4	14,801	1:3700	3	1:4934
Wayne	43	97,054	1:2557	24	1:4044
TOTALS	365	733,178	1:2009	182	1:4028
North Carolina	3,630	5,881,766	1:1620	1,625	1:3620

NOTE: Per 100,000 Population	Eastern AHEC	N.C.	U.S.[3]
Resident Practicing Pharmacists	49.8	61.7	64.7
Pharmacies	24.8		

[1] North Carolina Board of Pharmacy, January, 1982.

[2] Population: 1980 Census.

[3] Reference: U.S. Dept. of Health and Human Resources, Health Resources Administration, Bureau of Health Profession, Division of Health Professions Analysis, June 1981.

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TECHNIQUES OF TIME MANAGEMENT

by H. Kent Baker*

*School of Business Administration, The American University, Washington, D. C.

Like most small business owner-managers, you must solve the problem of having too many demands made upon your time. Often other people control your time and your work day gets longer as you take on more commitments.

If you don't manage your time, you could fail to achieve your full potential.

Much time is wasted doing things that should be done in a few moments or not at all. The effective use of time is the subject of this paper.

Get Out of the Time Trap

Despite all of the computer age's time saving machines, you probably find yourself in a time trap, being always short of time and unable to do everything that you need to and would like to do. You think, "If only I had more time, I'd be able to get out from under this mess." Think a moment. You cannot get more time. The challenge is to use your time more effectively. The problem is not in how much time you have but in how you use your time. Time is a limited resource so don't take a haphazard approach to managing time. Its effective use requires a systemic approach. Improving your use of time allows you to:

- avoid crises,
- gain a feeling of accomplishment,
- do the things of benefit to you or your business, and
- live your life, not just spend it.

To manage time better the first step is to gain a better perspective of your time. Resolve to manage your time and not let time manage you. Once you realize that the way you handle time causes some of your time problems, then you can begin to develop a time management strategy.

In devising this strategy, keep two thoughts in mind. First, it takes time to learn how to use time effectively. Second, the principles of time use are not universally applicable. Although many time use principles are simple common sense ideas, often uncommon sense is required to make a plan that fits your needs.

This strategy of learning how to make your time of greater benefit involves investigating three important questions:

1. Where does my time go?
2. Where should my time go?
3. How can I use time better?

By systematically answering each question, you will be better able to control your time.

Where Does My Time Go?

Frequently time management problems stem from poor work habits; so analyze how you spend your time. Find out how you waste time. Realize that *you* are the probable cause of most of your own time problems and the painful task of changing your habits is required.

Using a Time Log

A common technique for determining how much time is consumed on various tasks throughout the work day is to keep a **time log.** This procedure consists of maintaining a diary in which every 15-20 minutes you record what you have down. After several days of listing your activities you will have a sufficient number of observations for analysis. The time log should then be summarized and analyzed to determine what could have been done to make better use of your time.

In analyzing your time log, you should ask yourself several questions:

1. What are the major activities or events which cause me to use my time ineffectively?
2. Which of these tasks can be performed by me only?
3. What activities can be delegated, better controlled or eliminated?

Analyzing Time Wasters

By developing a list of your own time wasters, you can begin to pinpoint those activities which require change or elimination.

(Continued on Page 20)

Time Management (Cont.)

Twenty Major Time Wasters

External
1. Telephone interruptions
2. Meetings
3. Visitors
4. Socializing
5. Lack of information
6. Excessive paperwork
7. Communication breakdown
8. Lack of policies and procedure
9. Lack of competent personnel
10. Red Tape

Internal
1. Procrastination
2. Failure to delegate
3. Unclear objectives
4. Failure to set priorities
5. Crisis management
6. Failure to plan
7. Poor scheduling
8. Lack of self-discipline
9. Attempting to do too much at once
10. Lack of relevant skills

You are likely to find three revealing facts. First, you are probably spending 80 percent of your time on items that produce only 20 percent of the real benefit. This is called the "80/20 rule." Getting bogged down on low value activities could be the reason for your inability to do important tasks. Low value items are generally easy to do and give a sense of accomplishment; but they are time consuming.

Second, time wasters may be internally generated by you or externally generated by events or other people. Internally generated time wasters are the easier ones to resolve because they stem from your own actions or inactions. Thus, if you are part of the problem, you can become part of the solution. Time problems which are externally generated, however, require more imagination and creativity because they are not totally within your control.

Third, you may find you are grossly overpaid for some of the things you do. Some people become so enmeshed in work that they lose sight of why they are doing it and how much it really costs. Put a price tag on the items on your list. You will find that doing certain tasks yourself simply is not worth the cost. For example, typing your letters may not be very efficient use of your time. This does not mean that the task is not important but that some tasks are only worth doing if done by lower paid individuals.

Where Should My Time Go?

A major reason you fail to make the best use of time is your lack of specific goals. You become easily sidetracked and waste time of lack of direction and focus. The importance of knowing where you want to go is clearly portrayed in the exchange between Alice and the Cheshire Cat in Lewis Carroll's **Alice in Wonderland.**

> "Would you tell me, please, which way I ought to go from here?" asked Alice.
> "That depends a good deal on where you want to go to," said the Cat.
> "I don't much care where," said Alice.
> "Then it doesn't matter which way you go," said the Cat.
> Avoid Alice's plight. Specify your destination before you begin.

Set Goals and List Priorities

Determine what you really want to accomplish. This requires setting long and short-range goals and allocating specific blocks of time to each. These goals should be put in writing and reviewed frequently. A goal that is not in writing is merely a dream.

To make these goals operational a daily "to-do" list should be used. Each workday should begin with a plan of the tasks to be performed and the priority of each task. In budgeting your time, allocate part of each day to tasks that will lead to the accomplishment of your goals. That is, blocking out part of your day or week for major projects will help insure that you have time to do the important things.

In planning your day with a to-do list, priorities should be set for each task or activity. This is as simple as ABC. Assign A's to items of high value, B's to those of moderate value activities, and C's to low value items. When you begin your day, start with A's not with C's. Proceed throughout the day from the most important to the least important items. (If you don't finish them all, you probably couldn't with any other method.) Make this a habit every working day.

Developing New Habits

Probably you will have to break old habits and make new ones. To help make new habits stick, first launch the new habit as strongly as possible. Given that old habits are difficult to break, determination is needed to establish new ways of doing things. Set up a routine that contrasts with your old way of doing things. Second, don't let an exception occur until the new habit is firmly established. Allowing exceptions simply prolongs the development of the new habit. Third, take the first opportunity to act on your resolution. The time to act is now—don't procrastinate.

How Can I Use Time Better?

Ten useful tips on time management are examined below.

1. Consolidate Similar Tasks

Group or consolidate similar tasks. This step will not only minimize interruptions but also will economize on the utilization of resources and efforts. For example, instead of making calls sporadically throughout the day, group and make out-going calls at specific times each day. Frequent callers can also be informed that the best time to reach you is during certain hours. You can thus sensitize callers and help them to develop a habit of calling you when you prefer, not when they prefer.

2. Tackle Tough Jobs First

A tendency exists to work on petty chores first with the idea of working up to bigger projects. What often happens, however, is that the tough jobs simply don't get done because too much time is spent doing the unimportant things, and by the time you get to the tough jobs you are too tired to work on them. The solution is to reverse the process. Start your day with the important work when your energy level is high and work your way down your list of priorities. If time is available at the end of the day the "C" items can be completed.

3. Delegate and Develop Others

If you think that the only way to get something done right is to do it yourself, then you are probably overwhelmed with work while your subordinates enjoy less harried work schedules. Try to break the "do-it-yourself" habit. Delegate work whenever possible. Delegation does not mean "dumping" a task on someone else but carries with it the responsibility of making sure that the individual has the requisite skills and knowledge to do the job. The time devoted to training and motivating people to do tasks which customarily are performed by you will reduce your time burdens in the future and enrich the jobs of others.

For example, you can give more of your work to your secretary if you have one. A secretary can perform many tasks that will prove to be great time savers, such as screening visitors and calls, drafting letters, and anticipating problems before they arise.

4. Learn To Use Idle Time

Always try to maintain a reservoir of things to do during idle periods. Instead of waiting for an appointment with nothing to do, you can read an article, review a report, or catch up on correspondence. Travel time can also be converted into useful time. For instance, if you have always wanted to take a management improvement course but could not find the time to get away, then listen to tapes as you drive to work.

5. Get Control of the Paper Flow

To help stem the flood of paper work, decide what can be streamlined or eliminated. Throw out junk mail, cancel unused subscriptions, and have mail routed directly to subordinates. If possible, handle each piece of paper once and don't pick up a piece of paper unless you plan to do something with it. For example, a complaint does not go away simply because the letter has been put aside; so, move the paperwork along instead of letting it stack up on your desk. Being a paper shuffler wastes time and leads to inefficiencies.

6. Avoid the Cluttered-Desk Syndrome

If your desk is piled with paper and you waste time looking for buried items, clear your desk of everything except the work you intend to do during the day and keep it visible. The chances are that you will get it done.

(Continued on Page 23)

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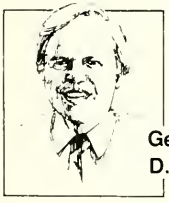

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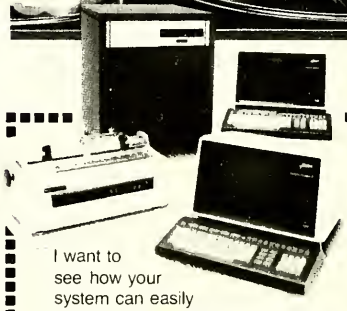

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TIME MANAGEMENT (Cont.)

7. Get Started Immediately on Important Tasks

Putting things off until tomorrow is easy. In fact, people generally do the things they enjoy first and procrastinate on the tasks they dislike. Self-discipline is needed to overcome procrastination. First, if you put off doing a job because it seems overwhelming, then break the task into bite-sized pieces that are more palatable to digest. By following this "Swiss cheese" technique, you will soon find that poking holes in the project makes it less overwhelming. Second, unfinished work is more of a motivator then unstarted work. By having started a job you have made an investment of your time and are more likely to complete the task.

8. Reduce Meeting Time

No doubt, many meetings should not take place. Sometimes the only reason for a weekly staff meeting is because a week has passed since the last one. Such meetings disrupt your work. Reduce the number and improve the quality of meetings. Follow an agenda. Save time (and money).

If needed meetings are too long, schedule the next meeting to bump up against the lunch hour or quitting time. Most people will wish to leave. Also, a standup meeting helps to guarantee a short meeting.

9. Take Time to Plan

Have you ever heard anyone say, "I just don't have time to plan?" If you have, then you probably observed that these individuals were very busy but not very effective. A paradox of time is that by taking time to plan, you end up saving time. Instead of spending the day "fire fighting," develop a schedule for doing the things that must be done in the available time.

10. Learn to Say "No"

Someone is always asking for a piece of your time. Instead of being honest and saying "no" to the request, the tendency is to hedge and end up accepting a responsibility you neither want nor have time to perform. Saying "no" requires some courage and tact but you will be proud of yourself when you learn to say "no."

11. Now Is the Time to Put It All Together

Your ability to manage time effectively could separate you from unsuccessful business people. Unless you manage your time, you will be unable to manage much else for "Time and the tide wait for no man."

FOR FURTHER INFORMATION

Readers who wish additional information may be interested in the references below. The list is necessarily brief and selective; however, no slight is intended toward authors whose works are not mentioned.

"The Time Budget: A Personal Planning Tool," H. Kent Baker, *Public Telecommunication Review,* May-June, 1977, pp. 27-30.

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"Toward a Personalized Time Management Strategy," R. Alec Mackenzie *Management Review,* February, 1974, pp. 10-15.

The Time Trap, R. Alex Mackenzie, AMACOM, New York, 1972.

"Management Time: Who's Got the Monkey?" William Oncken and Donald L. Wass, Harvard Business Review, November-December, 1974, pp. 75-80.

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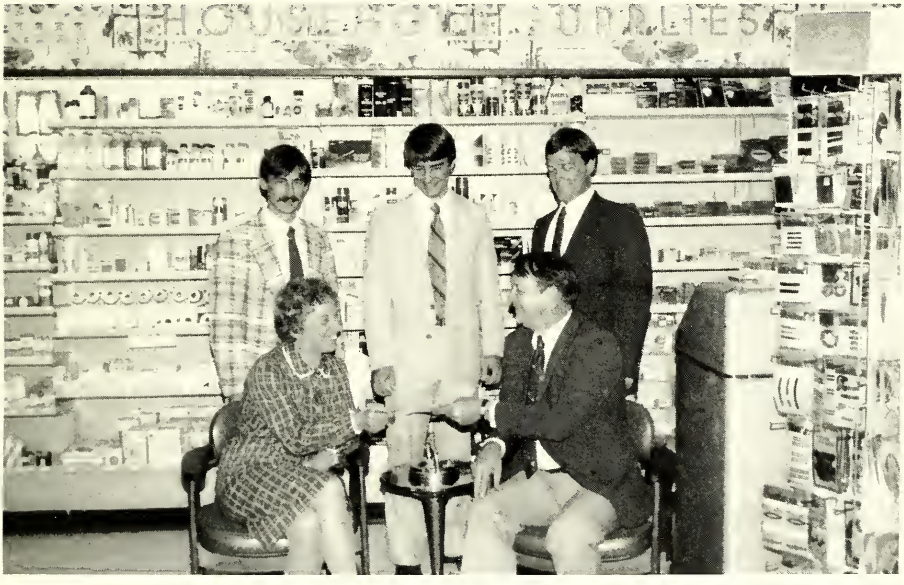
The Jesse S. Stewart Memorial Scholarship has been established in memory of Mr. Stewart, a Fremont pharmacist killed during an armed robbery in November 1979. The scholarship, which has a value of one thousand dollars per year, was made possible by gifts from Mrs. Jessie Stewart, her three sons—Bill, Hank and Keith, the latter two also pharmacists. The scholarships to be given annually to the offspring of a pharmacist, and the recipient should have an interest in retail pharmacy, and will be selected on these criteria and also academic and professional achievement. The scholarship is funded from the interest on investments and contributions are welcomed. Memorials should be sent to the Jesse S. Stewart Memorial Scholarship Fund, NCPhA, Chapel Hill. The first recipient of the scholarship, awarded this year, is Elizabeth Barringer Houff, a senior in pharmacy school, and a native of Carthage. The presentation of the award was made by NCPhA President David D. Claytor at the Institute of Pharmacy in Chapel Hill.



Mrs. Jessie Stewart (seated) presents a check to A. H. Mebane, III, Executive Director, NCPhA, to establish a scholarship in the name of her husband, Jesse S. Stewart, Fairmont. Standing, left to right, are Keith, Bill and Hank Stewart, sons.

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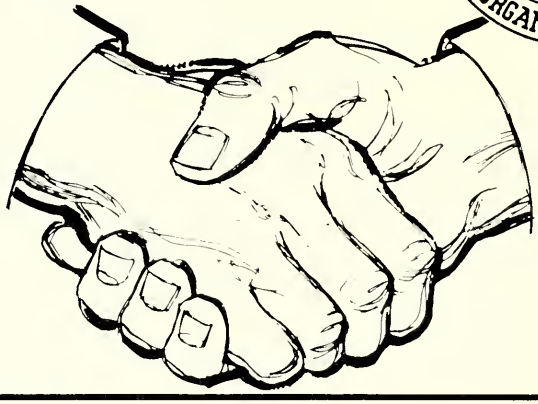

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1983 LILLY DIGEST

Averages per pharmacy	1982 NORTH CAROLINA (42 Pharmacies)	1981 NORTH CAROLINA (30 Pharmacies)	1982 UNITED STATES Average (1,528 Pharmacies)
SALES			
Prescription	$317,374— 65.1%	63.0%	54.7%
Other	169,834— 34.9%	37.0%	45.3%
TOTAL SALES	$487,208—100.0%	$432,892—100.0%	$498,021—100.0%
COST OF GOODS SOLD	321,946— 66.1%	65.3%	66.4%
GROSS MARGIN	$165,262— 33.9%	34.7%	33.6%
EXPENSES			
Proprietor's or Manager's Salary	$ 23,964— 4.9%	6.7%	6.0%
Employees' Wages	66,529— 13.7%	12.5%	11.3%
Rent	11,219— 2.3%	2.2%	2.4%
Miscellaneous Operating Expenses	51,910— 10.6%	10.5%	11.0%
TOTAL EXPENSES	$153,622— 31.5%	31.9%	30.7%
NET PROFIT (before taxes)	$ 11,640— 2.4%	2.8%	2.9%
TOTAL INCOME OF SELF-EMPLOYED PROPRIETOR (before taxes on income and profit)	$ 35,604— 7.3%	9.5%	8.9%
VALUE OF INVENTORY AS A PERCENT OF SALES			
Prescription	$ 33,262— 10.5%	10.2%	10.9%
Other	41,977— 24.7%	22.6%	20.7%
TOTAL	$ 75,239— 15.4%	$ 64,185— 14.8%	$ 76,216— 15.3%
ANNUAL RATE OF TURNOVER OF INVENTORY	4.4 times	4.5 times	4.5 times
NUMBER OF PRESCRIPTIONS DISPENSED			
New	14,363— 45.3%	41.5%	48.8%
Renewed	17,331— 54.7%	58.5%	51.2%
TOTAL	31,694—100.0%	30,089—100.0%	27,501—100.0%
PRESCRIPTION CHARGE	$10.01	$9.07	$9.91
NUMBERS OF HOURS PER WEEK			
Pharmacy was open	64 hours	61 hours	62 hours
Worked by proprietor	48 hours	48 hours	48 hours
Worked by employed pharmacist(s)	40 hours	40 hours	38 hours

* Source: 1983 Lilly Digest

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COMMITTEE on SOCIAL AND ECONOMIC RELATIONS

Boone, North Carolina
June 21, 1983

MEMBERS

Chairman, Joni I. Berry, Raleigh; J. Frank Burton, Greensboro; Clifford R. Butler, Chapel Hill; Wendell L. Evans, Eden; Jean Paul Gagnon, Chapel Hill; J. Howard Garrett, Elizabeth City; Quint H. McCoy, Grover; W. Darle Shouse, Rural Hall; Lloyd E. Ruona, Pfafftown; Pamela U. Joyner, Raleigh

The Social and Economic Relations Committee of the North Carolina Pharmaceutical Association met Sunday, May 1, 1983, at 2:00 p.m. in the Institute of Pharmacy, Chapel Hill, NC. Members present were Joni Berry Chairperson, Pam Joyner, and Quint H. McCoy. Guest present was Shelton Brown from the Computer Company.

As the committee had not met since 1979, it was necessary to generate an agenda based on current social and economic issues. Not unexpectedly, more items were added to the agenda as the meeting progressed. It also became evident that these were, for the most part, on-going issues that would need to be discussed in subsequent committee meetings. Therefore, it is this expanded agenda that is reflected in this report.

1. *New abortifacient:* Mr. Quint H. McCoy, RPh, of Grover, NC expressed his concern over a new abortifacient being tested by the Upjohn Company. According to his information, the product could possibly be used on an OTC—at home-basis. He had written Upjohn about this and had received a letter from them in reply. According to Upjohn, they do have a prostaglandin abortifacient in Phase II clinical trials. This product induces menstruation, and could be used in early first trimester abortions. It would not, however, be available on an OTC, at home use, basis. The committee then agreed that it is extremely important for pharmacists to have clear concise information on products that are in the early phases of clinical trials. This type of early reporting system would enable the pharmacist to prepare himself to answer questions about the product and to prevent misinformation from reaching the public sector.

2. *Orphan Drugs:* The topic of Orphan Drugs was brought before the committee. Current regulations in this area were discussed with specific reference to the Orphan Drug Act (PL 97-44), passed January 4, 1983. This act defines orphan drugs as "drugs, devices, diagnostic aids, biologicals, and foods for special dietary purposes that are inadequately tested or unavailable to patients because of limited commercial interest despite potential usefulness." The Act then provides for incentives, both scholarly and economic, to pharmaceutical manufacturers in the hopes of stimulating interest in this area (*Am J Hosp Pharm*, 1983; 40:791-6). Despite these incentives there are still many potentially life-saving drugs that are "orphaned." The committee recommends that the association and its members be aware of developments in this area in order to promote the development of these products when possible.

3. *Cost Containment—Third Party Prescription Plans:* Of major interest to the committee were new developments in the area of cost containment and the impact the measures have had on pharmacy practice.

In order to assess the effects of present cost containment measures, the committee invited Mr. Shelton Brown of the Computer Company to attend the meeting. At the meeting he shared with us that with the previous four-prescription limit on medicaid reimbursement, the amount of money being spent in this area had dropped 40%. When the limit was subsequently raised to six prescriptions, the decrease in cost was at the 20% level. He reported that no complaints or hardship cases had come to his attention at this time. At the time of the committee meeting, no new fee increases were pending. Not discussed at the meeting was the new ruling, which does not require medicaid re-

(Continued on Page 30)

SOCIAL & ECONOMIC RELATIONS

cipients to pay the previously required "co-payment" per prescription. Also not discussed was a new bill recently introduced in the NC General Assembly (HB1233) calling for an increase in the medicaid fee of 7%. Although no conclusions were possible, the committee wants to express its concern over the effects of these cost containment measures on the pharmacist's fiscal well-being. Although the committee recognizes the necessity for cost containment, it questions the fairness of the medicaid co-payment ruling, which places an unfair burden on the pharmacist providing service to medicaid recipients, applauds the proposed 7% fee increase, and admonishes the association and its members to maintain their vigilance and visibility in this area.

4. *Committee Continuity:* During the committee meeting, concern was expressed over the seemingly lack of continuity on committees of the association. Therefore, the committee elected to place a resolution before the convention that calls for a defined degree of continuity on committees. This could involve a 2-year rotating committee membership, the use of the Chairman—Chairman-elect system, or by having committee chairmen remain on the committee for at least 2 years. Hopefully, this would provide for greater effectiveness in future committee activities.

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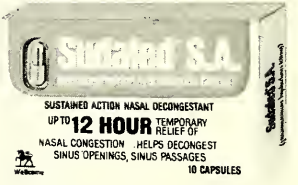
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DEATHS

Joseph Leak Pinnix Sr.

Joseph L. Pinnix Sr., president of the Pinnix Drug Store, Kernersville, died Sunday, September 18, 1983. He was 78 years old. He was born in Kernersville and after graduating from the UNC School of Pharmacy returned to join his father and brother in the operation of the drug store, which has been in the same location since 1904.

Pinnix was a member of the North Carolina Pharmaceutical Association and received his 50+ pin and certificate in 1980. He was a past president of the local Lions Club, a Mason, and had served on the Winston Salem/Forsyth Utilities Commission. He had served his church, Main Street United Methodist Church, in many capacities.

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary had their first luncheon meeting of the new year, Tuesday, October 11 at 11:30 AM at the Cosmos Steak House. Mrs. Ben Hawfield, president presided.

Sharon Sanders from the Charlotte Police Department and WSOC Public Affairs Department spoke on Women's Safety and Protection. A business meeting followed.

New officers for the 1983-1984 year are as follows:

President—Mrs. Ben Hawfield
First Vice President—
Mrs. Jesse Oxendine
Second Vice President—
Mrs. Douglas Corwin
Secretary—Mrs. Charles Cannon
Corresponding Secretary—
Mrs. Tommy Dagenhart
Treasurer—Mrs. Gibbs Henley

BIRTHS

Ted and Carol Weant of Salisbury have announced the birth of their second child, Jeannie Kathleen, on September 12, 1983. She weighed 8 lbs. 6 oz. and has an older brother, Kyle who is seven years old. Carol is a 1974 graduate of the UNC School of Pharmacy and Ted graduated in 1976.

PHARMACY TV SPOTS BY NARD/STUART

Beginning in September, Public Service announcements that tell the public they should ask their pharmacists for more information about OTC products are being aired on more than 200 television stations.

The National Association of Retail Druggists has made these PSA's available to the stations to help make the public more aware of the services available from their "Family Pharmacist." Stuart Pharmaceuticals provided financial and technical assistance to the project which consists of 30 and 60-second versions of the spot. Stations in North Carolina showing the announcement are:

WLOS Asheville
WCCB Charlotte
WSOC Charlotte
WTVD Durham
WGHP High Point
WITH Washington
WWAY Wilmington
WJTM Winston-Salem

PHARMACY CENSUS

According to figures released by the National Association of Boards of Pharmacy (NABP) there are 164,349 pharmacists practicing in the country, holding 240,830 licenses. There are 61,266 pharmacies listed, and this results in a ratio of 2.68 pharmacists for each pharmacy.

73.34 percent of these pharmacists are practicing in community settings; 19.53 percent are in hospital settings; 1.3 percent work for wholesalers or are in manufacturing; 2.4 percent work for the government or are in teaching; and 3.43 percent are practicing in other pharmacy-related settings. 13 percent of active pharmacists are women.

PHARMACY CRIMES

CHATHAM COUNTY

Police are investigating an attempted break-in at the Revco drug store in Cole's Plaza in northern Chatham County. According to police, someone used a sledgehammer to try to break through the cinderblock wall the week of September 26, 1983. The attempt was unsuccessful and no entry was made.

WASHINGTON

A Washington man was arrested Sunday, October 9, 1983, shortly after he robbed a pharmacy and assaulted people in the store. The man entered the store about 11:30 a.m. and while having a prescription filled, reached across a counter and took money from a register. He assaulted a store clerk who tried to stop him and ran from the store, hitting a customer who chased him. A store clerk and policeman also chased him and the officer caught the robber a short distance from the store.

CHAPEL HILL

A phone caller threatened the life of a pharmacist, saying he was being watched and instructed him to put all his "Class A" narcotics in a bag and a man would pick them up. The pharmacist put an undetermined quantity of drugs in a bag and a man wearing a toboggan and sunglasses walked up and requested the bag. He picked it up and left through the back door. The robbery took place at the Rite-Aid store on Franklin Street about 9:00 p.m. Saturday night, December 10.

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In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514. Telephone (919) 967-2237

Pharmacist Available: Nights and weekends. Whole month of Dec., May, June. Will work within a 1-1½ radius of Chapel Hill area or Eden area. Contact Sharon Huff. (919) 933-9446 after 6:00.

Pharmacist Needed. Full time position with independent store in Eastern NC: beautiful coastal living. Offers relaxing atmosphere. Please send resume to NCPhA, Box SD, Box 151, Chapel Hill, NC 27514.

Pharmacist Wanted Need experienced pharmacist to run Sanford store. Full time position as a Pharmacy Manager. Contact Herman Honeycutt 919-833-1679 or Bob Williams 919-872-8600.

Old Drug Store Fountain for Sale. Approx. 20 ft. of pink marble, two back cabinets 8 ft. each, and stainless steel sink, & freezer & syrup dispensers combination all in one unit—best offer. 919-539-2552 or nights 919-539-4220.

Pharmacist Available. Retail and hospital experience. Will locate in any section of the state. Contact: William Savage, 410A Eastbrook Apt., Greenville, NC 27841. Call 919-758-0826 or 919-537-4376.

Position Available For Staff Pharmacist. Immediate position available for staff pharmacist in our hospital pharmacy. Must have NC license. Excellent salary and benefits package. Interested applicants please contact: Karen Eagle, Personnel Recruiter. Mercy Hsp. Inc., 2001 Vail Ave., Charlotte, NC 28207. Call 704-379-5898.

Pharmacist Needed—Excellent opportunity to join growing company. Above average salary with good advancement potential in Northern North Carolina. Please contact Mr. Gene Minton, Mast Drug Company. Rt. 4, Box 425, Henderson, NC. 27536. Phone (919) 438-3112 or (919) 586-5465.

Immediate opening for a Staff pharmacist registered in North Carolina or eligible for reciprocity. Hsp. experience preferred. Salary negotiable. Excellent working conditions and benefits. Contact: Personnel Department, (919) 731-6050.

Immediate opening for Staff pharmacist. Good hrs. 8-4:30 pm weekdays. Every other Sat. No Sun. Call Stokes Reynolds Memorial. 919-593-2831 Ext. 240. Ask for Paul Chu.

Excellent Opportunity for energetic, personable young pharmacist that would like to practice in a professional pharmacy located in a busy medical complex. Computerized pharmacy, competitive salary, profit sharing and other benefits, no nights or Sundays, nursing home consulting, located in the beautiful Sandhills of N. C. Send resume to P. O. Box 1119, Pinehurst, or call Hal Reaves at 919-295-6126.

Pharmacist Needed for Family Pharmacy Center in Durham. Clinical experience required. Contact: Joe Hanlon 919-471-2571.

Hospital Pharmacist—Part time Granville Hospital, Oxford, NC has an opening for a part time staff pharmacist. Unit dose experience preferred. Contact Joe O. Earnhardt, Director of Pharmacy Services, Granville Hsp., College Street Extension, Oxford, NC 27565. 919-693-5115.

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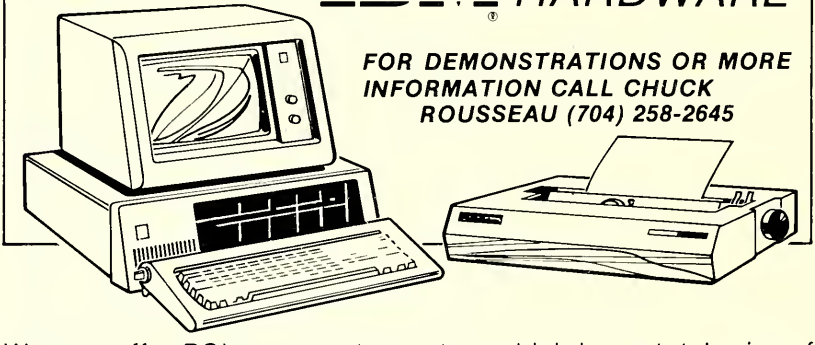

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